

\$50 application fee due at time of filing this notice of appeal

Date received: _____

**NOTICE OF TAKING AN APPEAL OF A DECISION OF THE
ARCHITECTURAL REVIEW BOARD**

PART ONE: INFORMATION FROM APPLICANT:

Name of Applicant (aggrieved party) _____

Relationship to Case: Property Owner ____ Neighbor ____ Other ____

Applicant's Address: _____

Telephone(s): _____

Name of other person(s) representing the Applicant: _____

Address: _____

Telephone(s): _____

In what capacity are you representing the Applicant: _____

PART TWO: CASE INFORMATION:

Property Address: _____

Location between what streets: _____

Name of Historic District: _____

PART THREE: REASON FOR APPEAL.

Section 12 of the Mobile Historic Preservation Ordinance provides that appeals must be decided solely on the question of whether the Architectural Review Board "acted beyond the limits of its authority or abused its discretion." That means that the review of your case is limited to the record of the case presented to the Board. A complete copy of your application, along with record of proceedings will be furnished to the Council (or to the Board of Adjustment if the appeal concerns a sign) prior to the date set for hearing the appeal.

- a. Date your case was denied by the Architectural Review Board:

- b. Explain how you are an aggrieved party (attach additional pages as necessary):

c. Explain why you believe the ARB acted beyond its authority or abused its discretion (attach additional pages as necessary):

d. Is there anything else you would like to be considered?

PART FOUR: NOTICE REQUIREMENTS

Notice of this appeal must be given to all property owners within three hundred feet of the property that is the subject of this appeal. Please furnish typed labels for each adjacent property owner, including a label for yourself and the property owner (if different from the applicant). The cost of mailing is included in your filing fee. The City's GIS land use map (<http://maps.cityofmobile.org/landuse/main.aspxin>) will automatically generate this list for you, or you may obtain the address information from the assessment records in the Mobile County Revenue Commissioner's Office. If you need help with this application call 208-7281. **Failure to provide complete or accurate mailing labels may delay your appeal.**

I certify that all of the information presented by me in this application is accurate to the best of my knowledge, information and belief.

STATE OF ALABAMA
COUNTY OF MOBILE

Printed name of Applicant(s)

Signature of Applicant(s)

Subscribed and Sworn to before me this _____ day of _____, 200__.

SEAL

Signature of Notary Public
My Commission Expires: _____

STATE OF ALABAMA
COUNTY OF MOBILE

I, _____, file this application on behalf of _____.
I am the (Attorney, Contractor, Lessee, etc.) _____ for this project. I completed the foregoing application and know the contents thereof and the same is true of my own knowledge.

Printed name of Representative

Signature of Representative

Subscribed and Sworn to before me this ____ day of _____, 200__.

SEAL

Signature of Notary Public
My Commission Expires: _____