

Case No _____



CITY COMMISSION

TYPE OF REQUEST	<input type="checkbox"/> LIMITED USE OF PUBLIC RIGHT OF WAY <input type="checkbox"/> SIGN ORDINANCE APPEAL
APPLICANT INFORMATION	Petitioner/Contact Person _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone _____ Fax _____ E-Mail _____ <small>(All staff correspondence will be sent only to the designated contact person)</small>
PROPERTY OWNERSHIP	Property Owner(s) _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone _____ Fax _____ E-Mail _____
REQUEST LOCATION	Location Address _____ City _____ State _____ Zip _____ <i>(Attach drawing(s) showing the proposed Request/Appeal)</i>
REQUEST	Nature of Encroachment (parking, sign, building, etc.) _____ _____ _____
CERTIFICATION	<p><i>I/We understand and agree, upon execution and submission of this application, that I/We agree to abide by all provisions of the Ordinance No. 37 of 1995 as well as all procedures and policies of the City of Ashland as those provisions, procedures and policies relate to the handling and disposition of this application; and that the information contained in this application is true and accurate to the best of my/our knowledge</i></p> <p>_____ Signature of Property Owner Date</p> <p>_____ Signature of Applicant if other than property Owner Date</p>

