



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division

FILE NUMBER: Legislative Policy Division-0392

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**\* RE:**

Submitting report related to: Board of Zoning Appeals Membership

**\* SUMMARY:**

Board of Zoning Appeals Membership

**\* RECOMMENDATION:**

For Review

**\* DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley

Position: Administrative Assistant

**\*=REQUIRED**