



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0570

*** RE:**

Submitting reso. auth. Resolution to adjust the fee schedule for the Board of Zoning Appeals

*** SUMMARY:**

Resolution to adjust the fee schedule for the Board of Zoning Appeals

*** RECOMMENDATION:**

For Consideration

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley
Position: Administrative Assistant

***=REQUIRED**