APPLICATION
ACTION TO COME BEFORE THE ZONING BOARD OF ADJUSTMENT

Request for:

- ☐ Variance Sec. 14.900
- ☐ Special Exception Sec. 14.505
- ☐ Appeal Staff Decision Sec. 14.1105(d) Regarding:

_____

_____

- ☐ Specific Use Permit Sec. 14.700

Name of Applicant: _____ Contact Person: _____

Mailing Address: _____
(Street or P.O. Box)

_____
(City, State, Zip)

Telephone Number: _____

Property Location: (Street Address and Legal Description of Property)

_____

_____

Name of Property Owner if Different from Applicant: _____

Mailing Address of Property Owner: _____

Signature of Property Owner: _____

Telephone Number of Property Owner: _____

Property Zoned As: _____ Historic Area: Yes___ No ___

The undersigned attest that all information given or accompanying this application is correct and accurate.

_____ Date: _____
Signature of Applicant

Approved/Rejected: _____ Date:_____