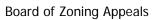
APPLICATION





APPLICANT INFORMATION:				
Last Name	First	M.I.	Date	
Street Address		Apartment/Unit #		
City	State	ZIP		
Phone	E-mail Address			
PROPERTY INFORMATION:				
Tax Map Information Tax map: Group: Parcel: Lot:				
Street Address		Apartment/Unit #		
Current Zone	Proposed Zone			
Current Use	Proposed Use			
REPRESENTATIVE INFORMATION:				
Last Name	First	M.I.	Date	
Street Address		Apartment/Unit #		
City	State	ZIP		
Phone	E-mail Address			
REQUESTED ACTION:				
DISCLAIMER AND SIGNATURE				
By signing below I state that I have read and understand the conditions of this application and have been informed as to the location, date and time of the meeting in which the Board of Zoning Appeals will review my application. I further state that I am/we are the sole and legal owner(s) of the property described herein and that I am/we are appealing to the Board of Zoning Appeals.				
Signature:		Date:		
Signed before me on this day of a notary public for the State of County of				
Notary				
My Commission Expires				

CITY PLANNING OFFICE	
Received Date:	Received By:
Application Fee Paid:	
Board of Zoning Appeals Meeting Date:	
Section of Applicable Code:	
Building/Zoning Administrator Signature:	Date:
Completed Site Plans Received:	
Previous requests or file numbers:	
Signature of City Planner:	Date: