

# APPLICATION

Board of Zoning Appeals



| APPLICANT INFORMATION:   |                |                  |              |
|--|----------------|------------------|--------------|
| Last Name  | First          | M.I.             | Date         |
| Street Address   |                | Apartment/Unit # |              |
| City   | State          | ZIP              |              |
| Phone  | E-mail Address |                  |              |
| PROPERTY INFORMATION:  |                |                  |              |
| <i>Tax Map Information</i>   | 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   |                |                  |              |
| <p>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.</p> |                |                  |              |
| Signature:   |                | Date:            |              |
| <p>Signed before me on this _____ day of _____, 20____,</p> <p>a notary public for the State of _____</p> <p>County of _____.</p> <p>Notary _____</p> <p>My Commission Expires _____</p>   |                |                  |              |

**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: