

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

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 _____, 20____,

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: