

APPLICATION
TO
BOARD OF ZONING APPEALS

Appeal

Exception

Variance

Parcel ID# _____ S _____ T _____ R _____

Vicinity of Development (address): _____

Current Zoning: _____

Zoning regulation section number of which the variance is being requested: _____

PROPERTY OWNER	APPLICANT (if different than owner)
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:

SURVEYOR / ENGINEER	CONTACT PERSON
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:

I/we, the (owner(s)/duly authorized agent), do hereby make application to the Board of Zoning Appeals for the purposes described with this application.

Owner's Signature (all owners must sign): _____ Date: _____

Owner's Signature: _____ Date: _____

OFFICE USE ONLY

Date application filed: _____

BZA date: _____

Fees:

Application amount: \$ _____

Receipt # _____

Date Fees Paid: _____

Application # _____