

Fee: \$100.00

BOARD OF ZONING ADJUSTMENT

TELEPHONE _____

DATE _____

APPELLANT _____ ADDRESS _____

OWNER _____ ADDRESS _____

LOCATION OF PROPERTY _____
Street and number, subdivision and lot number

NOTE: FILL IN SECTION 1, 2, OR 3 AS APPROPRIATE. DO NOT FILL IN MORE THAN ONE OF THESE SECTIONS. THIS APPLICATION IS NOT ACCEPTABLE UNLESS ALL REQUIRED STATEMENTS HAVE BEEN MADE. ADDITIONAL INFORMATION MAY BE SUPPLIED ON SEPARATE SHEETS IF THE SPACE PROVIDED IS INADEQUATE.

SECTION 1 APPEAL FROM DECISION OF BUILDING INSPECTOR
Relation to the Enforcement of the Zoning Ordinance

Describe decision of the Building Inspector from which appeal is made _____

Provision of the Zoning Ordinance or district boundary in question _____

SECTION 2 APPLICATION FOR A SPECIAL EXCEPTION PERMIT
As required by the Zoning Ordinance

Provision of the Zoning Ordinance Requiring a Special Exception in this case: _____

Description of proposed use showing justification for a Special Exception: _____

SECTION 3 APPLICATION FOR AN ADJUSTMENT
As provided by the Zoning Ordinance

Provision of the Zoning Ordinance from which an adjustment is requested _____

Peculiar or unusual conditions which justify an adjustment is requested _____

STATUS

BUILDING PERMIT NO. _____ DATE _____

DATE THIS APPLICATION FILED _____

NOTICE OF HEARING _____

ADVERTISED ON _____

DATE OF HEARING _____

NOTICE MAILED TO _____

SIGNED _____
APPELLANT

DECISION

Application or appeal ^{granted} denied in accordance with the terms of the following resolution:

Date _____