

**BOARD OF ZONING APPEALS
APPLICATION**

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

Type of Appeal (Please check the appropriate box):

- 1. Administrative Review
- 2. Special Exception
- 3. Variance

Address of Subject Property: _____

Tax Map #: _____; Block #: _____; Parcel #: _____; Zoning: _____

Along with this application, the following information must be submitted:

1. A narrative describing and justifying the request.
2. If applicable, provide any other supporting documentation relevant to appeal such as site plans, photographs, architectural elevation, plats, topographic date, etc.
3. \$100.00 filing fee.

SIGNATURE OF APPLICANT: _____

DATE: _____

DATE RECEIVED BY CITY: _____

STAFF INITIAL: _____