

**BOARD OF ZONING APPEALS
APPLICATION**

Case # *BDS Application #* *Fees* *Date Paid* *Receipt #*

Address/Location of Property *City, State, Zip* *City Lot #* *Zoning District*

APPELLANT/APPLICANT:

OWNER:

Name

Name

Address *City, State, Zip*

Address *City, State, Zip*

Phone/Fax

Phone/Fax

Email

Email

Appellant's reason for requesting a variance:

Signature of Appellant *Date*

OFFICE USE ONLY

Has any previous applications been filed for property? _____ Date _____

Special Exceptions

Variance Request (code sections)

Appeals

Other

List of contiguous property owners:

Date Mailed: ____/____/____

DDN Advertisement Deadline

DDN Publication Dates

Meeting Date:

Approved/Denied/Notes:

BDS PERMIT #

Date Issued