



APPLICATION FOR ZONING ORDINANCE VARIANCE

APPLICANT TO COMPLETE:

LOCATION OF PROPERTY _____ PARCEL# _____

LOT NO. _____ SUBDIVISION _____ LEGAL ADDRESS _____

ZONING DISTRICT _____ ZONING ORDINANCE SECTION _____

ACTION REQUIRED _____

PROPERTY INTEREST OF APPLICANT OWNER _____ CONTRACT PURCHASER _____ AGENT _____

OWNER(S) OF RECORD _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

BENEFICIARY (IES) OF TRUST _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

NAME OF APPLICANT _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

CONTACT NAME AND EMAIL ADDRESS _____

I (WE) CERTIFY THAT ALL OF THE ABOVE STATEMENTS AND STATEMENTS CONTAINED IN ANY PAPERS OR PLANS SUBMITTED HEREWITH ARE TRUE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF.

SIGNATURE OF OWNER _____ DATE _____

SIGNATURE OF APPLICANT _____ DATE _____

DATE FILLED _____ FEE PAID \$ _____ RECEIVED BY _____

NOTICE PUBLISHED _____ NEWSPAPER _____

ADJ PROPERTY OWNERS NOTIFIED _____ DATE OF HEARING _____

SIGNATURE OF ZONING ADMINASTRATOR _____