

BOARD OF ZONING APPEALS APPLICATION

Date Filed: _____ Appeal # _____

Instructions:

This form must be completed on a hearing appeal from action of a zoning official, a variance or for a special exemption. Entries must be printed or typewritten. If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent. An accurate, legible plot plan showing property dimensions and locations of all structures and improvements must be attached to the application.

The applicant hereby appeals (please describe the action or ordinance that you're appealing or requesting a special exemption from and what action or variance that you would like to see taken to resolve the issue):

(If more room is needed, please attach a separate sheet of paper)

Name of Applicant: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of Owner (if other than applicant): _____
Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Property Address in dispute: _____
Tax Map # _____ Lot Dimension: _____ Zoning District: _____

Designation of Agent (complete only if owner is not applicant):
I/We hereby appoint the person named as Applicant herein as my/our agent to represent me/us in this application.

Date: _____

SIGNATURE OF OWNER

SIGNATURE OF OWNER

I/We certify that the information in this application and the attached forms is correct.

Date: _____

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT