A Grand City on a CHARMING SCALE

Board of Zoning Adjustment

APPLICANT: _____

MAILING ADDR: _____

CITY STATE ZIP: _____

PHONE: _____

PROPERTY OWNER: _____

OWNER ADDR: _____

CITY STATE ZIP: _____

OWNER PHONE: _____

SUBJECT ADDRESS FOR APPEAL:

NATURE OF APPEAL:

☐ HOME OCCUPATION ☐ SETBACK VARIANCE ☐ SIGN VARIANCE

☐ USE PERMITTED ON APPEAL ☐ APPEAL OF ADMINISTRATIVE DECISION

☐ OTHER ☐ SURVEY FOR VARIANCES ATTACHED ☐ DRAWINGS FOR VARIANCES ATTACHED

PLEASE NOTE Applicants or Duly Appointed Representative, listed above MUST be present in order for the case to be heard

DESCRIBE APPEAL IN DETAIL: (INCLUDE: DIMENSIONS, # FT FOR VARIANCES; # FOR PARKING; HARDSHIP; TYPE OF BUSINESS.)

_____

_____

_____

_____

_____

Applicant Name(print)_____

Signature_____

Represenative Name(print)_____

Signature_____

Date _____

If applicant is using a representative for the request both signatures are required.

Office Use
Received
By_____
Zone_____
_
Hearing

The Board of Zoning Adjustment meets the **last Tuesday** of each month at 4:00 PM in the Council Chambers on first floor of City Hall. Applications must be filed in the ***BUILDING DEPARTMENT*** by the **10h of the month** to be heard the last Tuesday of the month.