

Board of Appeals on Zoning Appeal Application



Property Address: _____

Legal Description: _____

Description of Project: _____

Reason for Variance: _____

Zoning District: _____

Type of Appeal: _____ Variance _____ Special Exception _____ Interpretation
of Zoning District Boundary

Appellant's Name: _____

Address: _____

Telephone: _____

Owner's Name: _____

Address: _____

Telephone: _____

**Architect, Engineer
Or Contractor's Name:** _____

Address: _____

Telephone: _____

Written description of the proposed structure or use:

Appellant's reason why appeal should be granted:

Project Duration:

Start: _____ **Complete:** _____

Amount Paid: _____ **Date Paid:** _____

***The signature of the appellant below indicates permission to the City and its employees to enter onto the subject property.**

Signature of Appellant of Agent _____
Date

Signature, Zoning Planning Staff _____
Date



Filing Fee:

Variance involving owner occupied-single family dwellings	\$35
Variance – Use or dimensional	\$250
Interpretation of Zoning District Boundary	\$250
Special Exception	\$250

Additional Materials which **MUST** be submitted with this application:

- **Site Plan** – Show all property lines, buildings, parking areas, and on the property.
- **Front and Side Elevations** – Show how buildings will appear as altered. If the appeal involves a request for signage, a drawing of what the signage will look like must be submitted.
- **Floor Plans** – Show all rooms, doors and windows. Room sizes and the floor area of each structure, i.e., dwelling unit, accessory building, business unit must also be provided.
- **Photographs** – Include at least two.

The Board of Appeals on Zoning meets on the first Wednesday of each month at 6:30 pm in Room 205 (Council Chambers) at City Hall. Appeals must be filed at least 25 days before the meeting at which they are to be heard. A representative for the appeal will have to be present for your appeal to be heard by the Board. Approved variances are good for six (6) months from the date of the meeting.



Dates to Remember:

File your appeal by: _____

Next meeting date: _____

