

## BOARD OF ZONING APPEALS APPLICATION

Case #	Accela Application #	Fees		Date Paid	Receipt #
Address/Location of Property City,		City, Sta	te, 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 re	ason for requesting a va	riance:			
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:
ACCELA PERMIT # Date Issued	