

## APPLICATION FOR BOARD OF ZONING APPEALS

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Address: \_\_\_\_\_

**Property Identification**

Tax Map: \_\_\_\_\_ Group: \_\_\_\_\_ Parcel: \_\_\_\_\_

Lot/ Acre: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Based on the powers and jurisdiction of the Board of Zoning Appeals as set out in Chapter 10, Section 14-1004 of the Clinton Zoning Ordinance, I the undersigned am hereby requesting the following action:

Variance: \$25.00 \_\_\_\_\_

Special Exception: \$25.00 \_\_\_\_\_

Administrative Review: Free \_\_\_\_\_

I do hereby swear that the information given above is true, to the best of my knowledge. I understand that all actions taken on my request will be conducted within the scope and application of the duly adopted rules, regulations, or policies of the City of Clinton and the State of Tennessee. I further understand that the Board of Zoning Appeals will not consider my application unless my proxy or I are present. If I fail to attend two consecutive meetings or willfully withdraw, my application will be removed from the agenda and I must submit a new application with applicable fees.

\_\_\_\_\_  
Signature: (applicant)

\_\_\_\_\_  
Date:

**Variance:**

Written denial of a permit from the City of Clinton Building Officials Office  
Any supporting information (e.g. photographs, topographical maps, deeds, etc.) to the conditions requiring a variance.

**Special Exception:**

Site plan showing locations and intended uses of the site, the names of the property owners and existing uses within one thousand feet. Any maps or documentation to support the request for special exception.

Received By: \_\_\_\_\_ Date \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Meeting Time: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date Paid Fee: \_\_\_\_\_ Check No. \_\_\_\_\_ Cash: \_\_\_\_\_

Deadlines are the last Monday of the month. Meetings held the second Monday of the month.