

Zoning Board of Appeals Interpretation Application



APPLICANT INFORMATION:

Owner Agent Other Interest (Check one)

Name:	
Address:	
Phone:	Email:

PROPERTY OWNER INFORMATION: (If different from applicant)

Owner Agent Other Interest (Check one)

Name:	
Address:	
Phone:	Email:

PROPERTY INFORMATION:

Address/Location:	
Parcel Number:	Zoning District:
Current Use:	Proposed Use:

ATTACHEMENTS: Please submit the following items with the application:

- An aerial view of the property
- Copy of deed(s) and accurate legal description
- Include a narrative, photographs, illustrations or any other information to support your case

NATURE OF REQUEST: (Clearly state the Ordinance section of interpretation; list all comparable uses in District)

Signature:	Date:
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*******By signing this application:

I attest that all information submitted in this application to be true; if not, application may be void

I agree to comply with zoning and any conditions placed on this permit

Permission is granted to any official of the municipality, county, and/or state to enter the property for purpose of gathering information concerning this application and/or inspections

*****LAND USE SERVICES ONLY*****

Permit Number: _____	Receipt Number: _____	Date Received: _____	Date Complete: _____
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