



ZONING BOARD OF ADJUSTMENTS APPLICATION

NAME: _____

PHONE: _____

ADDRESS: _____

RECEIVED BY: _____

CITY: _____

DATE: _____

SUBDIVISION: _____ LOT: _____ BLOCK: _____

APPROX. LOCATION: _____

ZONE: _____

PURPOSE: _____

OFFICE USE ONLY

ZBA ACTION: _____ PASSED _____ TABLED _____ FAILED DATE: _____

COMMENTS: _____

LETTERS MAILED: _____ FILING FEE: \$250.00 RECEIPT NO.: _____

APPLICANT'S SIGNATURE: _____