

TOWN OF DICKINSON

APPLICATION TO ZONING BOARD OF APPEALS

Application Date_____

REFERENCE CATEGORY (please check)

1. Special Use Permit () of the Zoning Ordinance Section_____.
2. Variance () Section:_____ of the Zoning Ordinance.
3. Appeal of action taken by Zoning Board ().
4. Interpretation of Ordinance Section ()

Location of Real Property affected_____.

(Use address if specified)

Tax Map Number_____

State description of the nature of the proposed
action:_____

Owners Name:_____

Owners Address:_____

Purposed request:_____

Title (i.e.) legal representative or other:_____

Phone number-day_____ Cell Phone_____ Night Number_____

What do you consider, if any, the environmental impact of this proposed action?_____

Date of previous request:_____

Signature of person making request:_____

This application must be submitted with the relevant materials, such as schematics, drawings, plot plans, etc. that will aid the Board in evaluating the request. Application must be submitted at least 15 days prior to the meeting of the Board of Appeals.

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BOARD USE ONLY

Date Received_____ Date acted upon_____

Date of Hearing_____ Action: Disapproved ()

Denied ()

Approved ()

Zoning District:_____ Date of advertisement in newspaper:_____

Revised 2011