BOARD OF ZONING APPEALS

APPLICATION TYPE: ☐ APPEAL ☐ VARIANCE ☐ RELIEF

FEE: **$50.00** DATE: _____

MEETING DATE: _____

SITE ADDRESS: _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE NO.: _____ CELL #: _____

EMAIL: _____

REASON FOR REQUEST (What is it for):

_____

_____

STATE REASONS FOR NEED (why do you need the request):

_____

_____

Applicant's Signature _____