



BOARD OF ZONING ADJUSTMENTS APPLICATION FOR VARIANCE

Site Street Address: _____ **Zoning District:** _____

Legal Description: _____

(Applicant's Name) **(Applicant's Phone Number)**

(Applicant's Street Address) **City** **State** **Zip Code)**

IF OWNER IS DIFFERENT FROM APPLICANT PLEASE COMPLETE THE FOLLOWING:
(Owner must sign application prior to being processed.)

Property Owner (Please Print)

Street Address **City** **State** **Zip Code**

Tenant Name (Please Print) **Telephone Number**

Street Address **City** **State** **Zip Code**

State variance(s) being requested:

