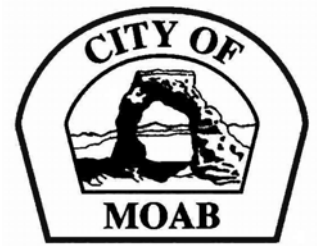


BOARD OF ADJUSTMENTS APPLICATION

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<u>DATE STAMP FOR CITY USE ONLY</u>	<u>TO BE FILLED OUT BY APPLICANT</u>
	PROJECT NAME (if any): _____
	PROJECT STREET ADDRESS OR ACCESS STREET: _____
	<u>FOR CITY USE ONLY</u>
	APPLICATION NUMBER: _____
	DATE RECEIVED: _____
APPLICATION FEE: \$250.00	
TREASURER'S RECEIPT NUMBER: _____	

All applications are subject to review by city staff for completeness. Staff will notify the applicant of deficiencies or completeness within fifteen days.

Date _____

Decision being applied for: Appeal Special Exception Variance

Name of Applicant (Print): _____

Mailing Address: _____

Telephone #: _____

Property Address: _____

Property Zone: _____

Applicant's Request: _____

Signature: _____

AFFIRMATION OF SUFFICIENT INTEREST

I hereby affirm that I am the fee title owner of the below described property or that I have written authorization from the owner to pursue the described action.

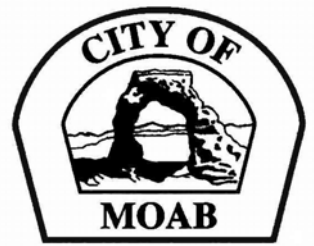
Name of Applicant (please print) _____

Mailing Address _____

Signature _____ Date _____

BOARD OF ADJUSTMENTS APPLICATION

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Zoning Administrator's Comments or Recommendations:

Determination of the Board

Dated this _____ day of _____ 20____

Chairman

Member

Member

Member

Member