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**Zoning Hearing Application**  
**Fee: \$750.00**

1. Application for:  Variance  Special Exception

2. Name & Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

3. Name & Address of Owner of Property: \_\_\_\_\_  
\_\_\_\_\_

4. Description & Address of Property to be Affected by Proposed Change: \_\_\_\_\_  
\_\_\_\_\_

5. Zoning Classification of Property: \_\_\_\_\_

6. Present Use of Property: \_\_\_\_\_

7. Proposed Use of Property: \_\_\_\_\_

8. Applicable Zoning Ordinance Section(s): \_\_\_\_\_

9. Reason Application Should Be Granted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Description of Improvements and/or Use; General Construction Thereof: \_\_\_\_\_  
\_\_\_\_\_

11. Attach plot of property, indicating size of lot and location and size of improvements thereon.

12. The undersigned do(es) hereby make application to the Zoning Hearing Board as indicated and testify that the information contained herein is true and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
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\$ \_\_\_\_\_ Filing Fee Received Date \_\_\_\_\_

Received By \_\_\_\_\_