



# Appeal to the Zoning Board of Adjustments

Non-refundable  
Fee  
**\$200.00**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I (we), respectfully request that the Zoning Board of Adjustments make a determination on the following appeal, which was denied by the Enforcing Officer on (date) \_\_\_\_\_ for the reason that it was a matter which, in his/her opinion, should properly come before the Zoning Board of Adjustments.

A ( ) variance ( ) interpretation ( ) exception is requested to Section \_\_\_\_\_ of the Zoning Ordinance for the reason that:

- ( ) It is a request for a variance relating to the \_\_\_\_ use \_\_\_\_ area \_\_\_\_ frontage \_\_\_\_ yard or \_\_\_\_ provisions
- ( ) It is an appeal for an interpretation of the Ordinance or Map.
- ( ) It is an exception to the Ordinance on which the Board of Adjustment is required to pass.

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The premises affected are located at \_\_\_\_\_ in Zone District \_\_\_\_\_.

Legal description of the property involved in this appeal is:

\_\_\_\_\_

Has any previous application or appeal been filed in connection with these premises? ( ) Yes ( ) No

What is the applicant's interest in the premises affected?

\_\_\_\_\_  
\_\_\_\_\_

What is the approximate cost of the work involved? \_\_\_\_\_

Explanation as to the use of the property:

\_\_\_\_\_  
\_\_\_\_\_

Plot plan attached? ( ) Yes ( ) No



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The following must be signed by the property owners within two hundred (200) feet of the exterior limits of the property involved.

We, the undersigned, approve or disapprove this request as indicated:

Signature	Print Name	Address	APPROVE / DISAPPROVE
_____	_____	_____	APPROVE / DISAPPROVE
_____	_____	_____	APPROVE / DISAPPROVE
_____	_____	_____	APPROVE / DISAPPROVE
_____	_____	_____	APPROVE / DISAPPROVE
_____	_____	_____	APPROVE / DISAPPROVE
_____	_____	_____	APPROVE / DISAPPROVE
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_____	_____	_____	APPROVE / DISAPPROVE
_____	_____	_____	APPROVE / DISAPPROVE
_____	_____	_____	APPROVE / DISAPPROVE
_____	_____	_____	APPROVE / DISAPPROVE

I (we) further state that if this request is granted, I (we) will proceed with the actual construction in accordance with the plans herewith submitted within ninety (90) days from the date of filing this appeal; will substantially complete the work within two (2) years from said; and that I (we) am able from a financial, legal and physical basis to do so.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Dear Property Owner,

You have asked for a hearing before the Zoning Board of Adjustment to request a variance.

Please address these four criteria to the best of your ability explaining how/why each of the four (4) points relates to your property. The Board will use these explanations when considering your variance.

- A. Exceptional Circumstances: Is your setback problem the same as the neighboring properties? How is your problem different from any setback problem your neighbors have?

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- B. Preservation of Property Rights: Is the variance necessary for you as the property owner to have the same use of your property as your neighbors? How? Why?

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- C. Absence of Detriment: Will the granting of this variance downgrade the neighborhood and/or be against the public interest? If not, why?

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- D. Not of a General Nature: Is a variance the appropriate remedy for this problem or does the general nature of the problem in the neighborhood indicate a need for a zoning law change?

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of City Clerk