ZONING BOARD OF ADJUSTMENTS
Variance Application

Date Received: _____

Filing Fee $_____105.00_____

1. Applicant Name: _____

   Mailing Address: _____

   _____

   Telephone Number: _____ Pager/Cell _____

2. Reason for request:

3. Address or general location of subject property:
   _____
   _____

4. Attach a sketch of the property showing:
   a.Subject area
   b.Adjoining streets
   c.Adjacent properties and owners

5. You must discuss this issue with the City Staff before requesting a hearing.

OFFICE USE ONLY

Hearing Schedule before Zoning Board of Adjustments:

Date: _____ Action: _____