



**BOARD OF ZONING APPEALS**  
**Notice of Appeals- Form 1**  
**Variance Request**

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DATE: \_\_\_\_\_ APPLICATION # \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

TAX MAP NUMBER: \_\_\_\_\_

TYPE OF SPECIAL VARIANCE REQUESTED:

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

EXPLANTATION OF VARIANCE REQUEST:

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**PLEASE ATTACH ALL PERTINENT PLATS, RECORDS, DOCUMENTATION, ETC.**  
**FOR THIS REQUEST TO THE APPLICATION FORM.**

**Non-refundable application fee- \$75.00 plus cost of 2x4 advertisement.**