

BZA APPLICATION FORM

This application is being submitted for (check all that apply):

- Special Exception Use Appeal
 Use Variance
 Development Standards Variance (VDS)

Application# _____

Fee Paid _____

APPLICANT & PROPERTY OWNER INFORMATION

Applicant Full Legal Name:			
Applicant Street Address:			
Applicant City, State, Zip:			
Applicant is (choose one): Corporation LLC Partnership Individual(s) Other (specify)			
Property Owner Full Legal Name:			
Property Owner Street Address:			
Property Owner City, State, Zip:			
Property Owner is (choose one): Corporation LLC Partnership Individual(s) Other (specify)			
Primary Contact Person	Name:	Phone:	Email:
Surveyor/Engineer	Name:	Phone:	Email:

PROPERTY INFORMATION

18-digit Parcel Number:	
Property Address (if addressed):	
County Road Serving Property:	Township:
Subdivision Name (if applicable):	Lot Number(s) (if applicable):
Total Acreage:	Property Located in Floodway or Floodplain: Yes No
Development will be served by: Septic Sewer (specify provider: _____)	
Current Zoning of Subject Property:	Current Use of Subject Property:

APPLICANT SIGNATURE:

I (we), _____, attest that the above information and attached exhibits/forms, to my knowledge and belief, are true and correct.	
Signature of Applicant:	Date:
Notary Public's Name (printed) & Signature:	State/County of Residence:
My Commission Expires:	Subscribed and sworn to before me this ____ day of _____, 20____.

SIGNATURE / CONSENT OF PROPERTY OWNER(S): *Complete if the applicant is not the property owner*

I (we), _____, after being first duly sworn, depose and say that I/we are the owner(s) of the real estate located the above address; that I/we have read and examined the Application and are familiar with its contents; that I/we have no objection to and consent to such request as set forth in the application; and that such request being made by the applicant (____ is) (____ is not) a condition to the sale or lease of the above referenced property.	
Signature of Property Owner(s):	Date:
Notary Public's Name (printed) & Signature:	State/County of Residence:
My Commission Expires:	Subscribed and sworn to before me this ____ day of _____, 20____.