

ANDERSON COUNTY BOARD OF ZONING APPEALS APPLICATION (\$50 APPLICATION FEE)

MAP: _____ PARCEL: _____ AC/LOT: _____ ZONE: _____

PROPERTY ADDRESS: _____

PROPERTY OWNER: _____

HOME PHONE: _____ WORK PHONE: _____

MAILING ADDRESS: STREET/PO BOX: _____ CITY: _____ STATE: _____ ZIP: _____

In accordance with the provisions of Article 11 of the Anderson County Zoning Resolution, I hereby appeal to the Board of Zoning Appeals for:

VARIANCE _____

SPECIAL EXCEPTION _____

ADMINISTRATIVE REVIEW _____

I do hereby swear that the information given above is true, to the best of my knowledge. I understand that all actions taken on my request will be conducted within the scope and application of the Anderson County Zoning Resolution and Tennessee Code Annotated. If I willingly withdraw my application, it will be removed from the agenda and I must submit a new application with applicable fees.

SIGNATURE: (APPLICANT) DATE

TAKEN BY: _____ DATE: _____

VARIANCE:

- Written denial of a permit from the Anderson County Department of Engineering and Public Works
- Any supporting information (e.g., photographs, topographic maps, deeds, etc.) to the conditions requiring a variance

SPECIAL EXCEPTION:

- Site Plan showing locations and intended uses of the site, the names of the property owners and existing land uses within one thousand feet
- Any maps or documentation to support the request for special exception
- For medical hardship, applicant must provide a physician's statement as to the patient's conditions which require consideration

MEETING DATE: _____ MEETING TIME: _____ MEETING LOCATION: _____

RECEIPT NO.: _____ DATE PAID: _____ CHECK NO. _____ CASH _____