



Board of Adjustment Hearing Application

Property Address	Date
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Applicant

Name
Address
City State Zip
Phone Email

Type of Hearing: (check one)

- Variance
- Additional Use Permit
- Appeal ruling of Building Commissioner
- Extension of non-conforming use
- Temporary use permit
- Other: _____

Property Owner

Name
Address
City State Zip
Phone Email

Is the transfer of ownership pursuant to the Board of Adjustment action?

Yes No

Have there been prior applications for action on this property?

Yes No

Clearly describe the request (Attach any documentation):

I hereby certify that this application is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent.

Printed Name: _____ **Contact:** _____

Signature: _____ **Date :** _____