

ZONING BOARD OF APPEALS

REQUEST FOR HEARING

Type or Print application (attach sep	arate sheets if necessary)		Meeting Date	
1				
Permanent Parcel Number	Address of Variance			
2 Lot Size	Square Feet		Property Owner	
3.				
Name of Applicant / Attorney / Agent				
1				
Street Address of Applicant				
5				
City	State	Zip Code	Area Code	Phone
6				
Code Section	Code	e Requirements		
What are the topographical or geoprevents compliance with the code?	ographical cond	ditions or circum	nstances of the p	roperty involved whic
Explain why the variance will not be injurious to the adjacent property ow	-	rimental to the p	oublic health, safet	y, and general welfar
Signature of Applicant:			_ Date:	
			Fee Paid:	