



**BOARD OF ZONING APPEALS
APPLICATION**

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

Type of request (please check the appropriate box):

- 1. Special Exception Request
- 2. Variance Request
- 3. Review of Action of Zoning Administrator

Address of Subject property: _____

Tax Map #: _____; **Block #:** _____; **Parcel #:** _____; **Zoning:** _____

Along with this application, the following information must be submitted:

- 1. A letter describing and justifying the request. **(Please write legible.)**
- 2. If applicable, provide any other supporting documentation relevant to appeal such as site plans, photographs, architectural elevations, plats, topographic data, etc.
- 3. **\$100.00 Filing Fee.**

SIGNATURE OF APPLICANT: _____

IMPORTANT NOTE: A PRESUBMITTAL CONFERENCE IS REQUIRED WITH ELVIS HOLLIS PRIOR TO AND UPON SUBMITTAL OF THIS APPLICATION. FOR AN APPOINTMENT PLEASE CALL 731-425-8283.

DATE: _____

STAFF INITIAL: _____