

City of Shelbyville

Board of Zoning Appeals Application

A complete application consists of the following submitted to the Planning and Community Development Department in accordance with the approved Submittal Calendar in order to be placed on the current month's agenda:

1. Completion of this form;
2. Submittal of proper documents, including this application and any supporting information you would like to be considered in support of your request/appeal; and
3. Application fee submitted to the City of Shelbyville.

*Failure to complete the steps above will result in an incomplete application.
The appeal will not be considered until all are submitted timely.*

PLEASE INDICATE TYPE OF ACTION REQUESTED:

VARIANCE

SPECIAL EXCEPTION

ADMINISTRATIVE

REVIEW

PROPERTY OWNER INFORMATION –Please note that **ALL** property Owners of Record must be listed on this application. Failure to list all property owners will result in denial of application. Use another sheet if more room is necessary.

Property Owner Name: _____

Physical Address, City, State, ZIP:

Phone Number: () _____

Email: _____

APPLICANT'S REPRESENTATIVE – This person shall serve as the applicant on behalf of the Property Owner(s) listed on this application. This person shall serve as the City of Shelbyville's primary contact during the appeal process. The Property Owner(s) agree that this person shall have the full authority to speak to and make representations to City staff about the appeal on behalf of the Property Owner(s).

Applicant's Representative: _____

Address (no P.O. Box Numbers): _____

Phone Number: () _____

Email: _____

PROPERTY INFORMATION:

Property Address: _____

Tax Map and Parcel Number _____

Total Acreage of Property: _____

Current Zoning of Property: _____

ADMINISTRATIVE REVIEW: Describe what portion of the zoning ordinance you feel was applied in error or which section of the Zoning Ordinance you are asking for a specific interpretation by the Board of Zoning Appeals.

VARIANCE: Please describe the need for a variance by the Board of Zoning Appeals. Please indicate such information such as setbacks, height, etc. Be as specific as possible.

SPECIAL EXCEPTION: In the space below, please identify the use for which a Special Exception is requested.

REQUIRED SIGNATURES

Property Owner Signature and Date _____

Owner's **Representative** Signature and Date _____

REQUIRED MEETINGS

Date and Time of Board of Zoning Appeals Meeting: _____ at
6:00 PM, 109 Lane Parkway, Shelbyville, TN 37160

<u>For Office Use Only</u>	
Date Application Received:	Received By:
Amount of Fee Received:	Date Fee Received:
Date Determination Letter Sent to Applicant:	