VARIANCE APPLICATION CLANTON ZONING BOARD OF ADJUSTMENT

PART I. APPLICATION FORM

Name of Applicant:
Mailing address:
Phone No.:Cell
Signature of Applicant:
PART II. PARCEL DATA
Owner of Record:
Mailing address:
Phone No:
Signature of Owner:
Tax Parcel ID #:
Address of proposed property:
Existing land use:Existing zoning:
PART III. REQUEST
Nature of Variance with reference to applicable zoning provisions: (use additional sheet if necessary)
PART IV. ENCLOSURES: (check all required enclosures with this application) Written justification for the Variance Vicinity map Plot drawing of property showing property boundaries noted or highlighted. \$\frac{25.00}{\text{Filing Fee}}\$ Filing Fee Cost of Certified Postage for notice of public hearing mailed to adjacent property owners, owner of property and applicant.
NOTICE: The completed application, including all required enclosures, must be filed at least 30 days before the public hearing. The Applicant must be present at the hearing. FOR OFFICE USE ONLY
Date received: by:
Scheduled public hearing date: