

DICKSON COUNTY BOARD OF ZONING APPEALS
REQUEST

DATE _____

NAME OF APPLICANT _____

CONTACT PERSON _____ PHONE # _____

ADDRESS OF APPLICANT _____

LOCATION OF PROPERTY _____

SIZE AND SITE PLAN ATTACHED _____ MAP _____ PARCEL _____

REASON FOR REQUEST _____

ADMINISTRATIVE REVIEW TO HEAR AND DECIDE APPEALS BY THE APPLICANT OF DECISIONS MADE BY THE BUILDING OFFICIAL OR OTHER ADMINISTRATIVE OFFICIALS ACCORDING TO ARTICLE VIII, SECTION 8.070.

SPECIAL EXCEPTION TO HEAR AND DECIDE APPLICATIONS FOR SPECIAL EXCEPTIONS AS REQUIRED BY THE DICKSON COUNTY ZONING RESOLUTION ARTIVLE VIII, SECTION 8.060.

VARIANCE TO HEAR AND DECIDE APPLICATIONS FOR VARIANCES FROM THE TERMS OF THE DICKSON COUNTY ZONING RESOLUTION ACCORDING TO ARTICLE VIII, SETION D.

APPLICANT SIGNATURE _____

MEETING DATE _____ AT _____ P.M.

APPROVED _____ REJECTED _____ DEFERRED _____

REMARKS: _____

CHAIRMAN _____ DATE _____