

**HAMILTON COUNTY BOARD OF ADJUSTMENT APPLICATION TO
REQUEST FOR VARIANCE
APPEAL OF DECISION
INTERPRETATION OF MAP**

Applicant: _____ Date: _____

Address: _____ Phone: _____

_____ Email: _____

I hereby request the Board of Zoning Adjustment to consider the following:

___ Interpretation of zoning map affecting Article _____, Section _____,

Legal Description _____

Define request (attach additional sheet if necessary): _____

___ Appeal of Decision related to _____ (Individual or agency) decision

Describe situation (attach additional sheet if necessary): _____

___ Variance from Article _____, Section _____, which requires _____

On property legally described as: _____

Answer questions from Supplemental Information:

Make sure to include the following as necessary:

___ Legal Description of Property ___ Plot Plan ___ Fee ___ Other information

Signature of Applicant

Date

Application fee is \$300.00. Made payable to Hamilton County Zoning

BEFORE A VARIANCE MAY BE GRANTED, THE APPLICANT MUST PROVE THAT EACH OF THE FOLLOWING FOUR (4) CONDITIONS HAS BEEN FULFILLED. ANSWER EACH OF THE CONDITIONS IN DETAIL. USE ADDITIONAL SHEETS IF NECESSARY.

- I hereby certify the information in this application is true and correct to the best of my knowledge.

Date