


ARCHITECTURAL REVIEW BOARD
APPLICATION

Case Number: _____ Zoning District: _____ Map/Block/Lot Number: _____	<u>Office Use Only</u> Date Filed: _____ Notice of Hearing: _____ Publish Date: _____
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PLEASE PRINT OR TYPE:

Name of Applicant: _____

Property Location: _____

Owner's Agent: _____

NOTE: If applicant is not the owner, the applicant must submit an Owner's Agent form obtained from the Zoning Administrator.

REASON FOR APPEAL:

- A decision of the zoning administrator, which the applicant believes to be contrary to the meaning of Zoning Ordinance Section _____.
- A request to vary: Front Yard Side Yard Rear Yard Lot Coverage
- A request to vary: parking design driveways spaces
- Other, please explain: _____
- A request to vary Section 22-211, Standards for commercial buildings.: (1) (2) (3) (4) (5) (6) (7) (8) (9)

Describe those things, which you feel justify the action requested. (Use additional sheets if necessary)

The application and all supporting documents must be submitted to the Zoning Administrator at least one month prior to the regularly scheduled meeting which is held on the second (2nd) Wednesday of each month at 10:00 am in Council Chambers, 144 E. Jackson Street. A nonrefundable application fee of \$200.00 (Residential) or \$300.00 (Commercial) is required to be submitted with the application.

PLAN MUST BE SUBMITTED SHOWING THE FOLLOWING INFORMATION:

- 1) The size and location of the lot showing setback lines
- 2) The dimensions and location of the existing buildings or structures on the lot in question.
- 3) The dimensions and location of the proposed building, structure or addition on the lot.

I further state that if this request is granted, I will proceed with the actual construction in accordance with the plans here with submitted. Further, I will obtain all necessary permits before starting construction.

Date	Telephone Number (s)	E-mail Address
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Mailing Address	Signature of the Applicant
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