

CITY OF ROCKY TOP BOARD OF ZONING APPEALS APPLICATION (\$50 application fee)

MAP: _____ PARCEL: _____ AC/LOT: _____ ZONE: _____

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

PROPERTY OWNERS MAILING ADDRESS:

STREET/PO BOX: _____ CITY: _____ STATE: _____ ZIP: _____

In accordance with the provisions of the Rocky Top Zoning Ordinance, I hereby appeal to the Board of Zoning Appeals for:

VARIANCE: _____

SPECIAL EXCEPTION: _____

ADMINISTRATIVE REVIEW: _____

I do hereby swear that the information given above is true, to the best of my knowledge. I understand that all actions taken on my request will be conducted within the scope and application of the Rocky Top Zoning Resolution and Tennessee Code Annotated. If I willingly withdraw my application, it will be removed from the agenda and I must submit a new application with applicable fees.

SIGNATURE: (APPLICANT) _____ DATE _____

TAKEN BY: _____ DATE: _____

VARIANCE:

- **Written denial of a permit from Codes Enforcement and Public Works.**
- **Any supporting information (e.g., photographs, topographic maps, deeds, etc.) to the conditions requiring a variance.**

SPECIAL EXCEPTION:

- **Site Plan showing locations and intended uses of the site, the names of the property owners and existing land uses within one thousand feet.**
- **Any maps or documentation to support the request for special exception.**
- **For medical hardship, applicant must provide a physician’s statement as to the patient’s conditions which require consideration.**

MEETING DATE: _____ MEETING TIME: _____ MEETING LOCATION: _____

RECEIPT NO.: _____ DATE PAID: _____ CHECK NO. _____ CASH _____