

APPLICATION TO APPEAR BEFORE THE
GILT EDGE BOARD OF ZONING APPEALS

REQUIRE EIGHT (8) COMPLETE SETS OF THE FOLLOWING:

1. LOCATION OF PROPERTY:

- A. ROAD ADDRESS: _____
- B. AREA IN ACRES: _____ ZONING: _____
- C. MAP #: _____ PARCEL #: _____
- D. MAP OF THE PROPERTY (PLEASE ATTACH A SCALED DRAWING).

2. APPLICANT:

NAME: _____
ADDRESS: _____
PHONE #: _____ ALTERNATE PHONE # _____

3. REASON FOR APPLICATION:

- _____ VARIANCE (\$200 APPLICATION FEE)
- _____ USE PERMITTED ON APPEAL (\$100 APPLICATION FEE)
- _____ ADMINISTRATIVE REVIEW (NO CHARGE)

EXPLANATION: _____

I HEREBY CERTIFY THAT THE STATEMENTS ON THIS APPLICATION AND ANY MAPS, DRAWINGS OR OTHER ACCOMPANYING DATA SUBMITTED WITH THIS APPLICATION ARE TRUE AND CORRECT. ANY MISREPRESENTATION OF INFORMATION SHALL BE GROUNDS FOR REVOCATION OF ANY DECISION OF THE GILT EDGE BOARD OF ZONING APPEALS.

SIGNATURE: _____ DATE: _____

DATE OF MEETING: _____ TIME: 5 P.M.

MEETING LOCATION: GILT EDGE CITY HALL, 9149 MUNFORD GILTEDGE ROAD
SOMEONE MUST BE PRESENT AT MEETING TO REPRESENT APPLICATION

APPROVAL GRANTED: _____ APPROVAL DENIED: _____

CHECK #: _____ CASH: _____ DATE PAID: _____

ACCEPTED BY: _____