



BOARD OF ZONING APPEALS APPLICATION

APPLICANT / CONTRACTOR INFORMATION

Name _____ Email _____ Phone No. _____

SITE INFORMATION

Property Owner _____ Email _____ Phone No. _____

Mailing Address _____ City _____ State _____ Zip Code _____

Site Address _____ Sec. _____ Twp (#) _____ Rng _____ Acreage _____

Parcel No. _____ Zoning _____ Subdivision _____ Lot _____

REQUEST

- Variance Details: _____

- Conditional Use Details: _____

- Administrative Appeal Details: _____

STAFF SECTION

Fee Based on Receipt Date Date of
Fee Schedule: _____ Number _____ Received _____ Meeting _____

As an applicant, I authorize that I have a legal right to perform proposed improvements and certify that this application and accompanied plans are submitted in accordance with the Town of Dillsboro Code of Ordinances, including the Zoning Ordinance and Subdivision Control Ordinance. I understand that I have no more than ninety (90) days to complete this request and acknowledge that incomplete or inaccurate information submitted on my behalf may result in the delay or denial of this application. I hereby grant permission for the Town staff to enter onto the premises to inspect this site to process and complete this permit request.

X _____ **X** _____
Applicant's Signature Date *Town Official Signature* Date