



Town of Nolensville

APPLICATION TO APPEAR BEFORE THE BOARD OF ZONING APPEALS

Requested Meeting Date:

Location of Property:			
Plat/Map#	Total Acreage	Zoning	Subdivision
Applicant Name (Contact Person)		Company Name:	
Mailing Address:			
Phone No:	Cell Phone No:	Fax No:	Email:
Owner Name:			Email:
Owner Mailing Address:			
Phone No:	Cell Phone No:	Fax No:	
I am requesting a hearing before the Board of Zoning Appeals to allow or grant a relief from: <input type="checkbox"/> Variance <input type="checkbox"/> Appeal of Administrative Decision <input type="checkbox"/> Permitted with Conditions			
Applicant shall state why the variance is being requested:			
What function the variance would accomplish:			
What specific and unique circumstances exist that would authorize consideration by the Board under the review standards of this article:			
<i>I hereby certify that I have read this document and to the best of my knowledge this, and all other documents and plans submitted to the Nolensville Board of Zoning Appeals are true and correct.</i>			
Signed:			Date:
Print Name:		Title:	

Required Fees: \$50.00 **NOTE: Six (6) complete sets of plans are required for the initial staff review**

For Staff Use Only:

Application Received By	<input type="checkbox"/> Approved <input type="checkbox"/> Approved (with Conditions) <input type="checkbox"/> Denied (Reason)	Signature
Date Received		Date

Total Fees	Date Paid	Check No.	Staff