



Zoning Board of Appeals Special Exception Use Application

Revised 12.4.2023

1. PROJECT INFORMATION

Project Name: _____ Associated Case (if applicable): _____

Project Address/Location: _____ Existing Use of Property: _____

2. CASE TYPE (Check appropriate application type)

Manufactured Home

Home-based Beauty or Barber Shop

Short-Term Rental

3. REASON FOR SPECIAL EXCEPTION USE

(please state specific request, be descriptive, attach additional sheets as needed)

4. PARCEL LEGAL DESCRIPTION

(existing platted subdivision name, block and lot designation; if un-platted, provide a detailed metes and bounds description)

5. GENERAL LOCATION OF PROPERTY

(street address and/or frontage, and distance to cross street)

6. ZONING INFORMATION

Current Zoning District(s): _____

Special Purpose Overlay District (if applicable): _____

7. SITE AND BUILDING INFORMATION

Total Site Acres: _____ Proposed Building Use(s): _____

Existing Building(s) sq. ft. gross: _____ Proposed Building(s) sq. ft. gross: _____



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8. CONTACT INFORMATION

If property owner designates an agent as the coordinator for the project, this person (the applicant) shall attend all necessary meetings and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. **All contact for this project will be made through the applicant listed below.**

NAME, ADDRESS, AND SIGNATURE OF ALL PROPERTY OWNERS: ALL property owners must sign. All **property owners** must sign unless one person has the power of attorney to sign for others and that power of attorney is submitted with the application. A managing partner in a corporation may sign and submit written authorization. **If in business name or corporation, list all persons owning 6% or more. Attach separate sheet if necessary.**

Applicant Contact Information

Check if Primary Contact

Name: _____ Company (if applicable): _____

E-mail: _____ Phone: _____ Fax: _____

Mailing Address (street, city, state, zip): _____

Architect Contact Information

Check if Primary Contact

Name: _____ Company: _____

E-mail: _____ Phone: _____ Fax: _____

Mailing Address (street, city, state, zip): _____

Engineer Contact Information

Check if Primary Contact

Name: _____ Company: _____

E-mail: _____ Phone: _____ Fax: _____

Mailing Address (street, city, state, zip): _____

Current Property Owner Contact Information

Check if Primary Contact

Name: _____ Company: _____

E-mail: _____ Phone: _____ Fax: _____

Mailing Address (street, city, state, zip): _____

Designee Contact Name: _____ E-mail Address: _____ Phone: _____

Property Owner, check one of the following:

I will represent the application myself; OR I hereby designate (*insert name of project representative*) _____ to act in the capacity as my agent for submittal, processing, representation, and/or presentation of this request. The designated agent shall be the principal contact person for responding to all requests for information and for resolving all issues of concern relative to this request.

Acknowledgment:

I hereby certify that I am the owner of the property and further certify that the information regarding property ownership provided on this development application is true and correct.

Property Owner Signature: _____ Date: _____ Applicant Signature: _____ Date: _____