

## **City of Elizabethton**

Department of Planning and Development 136 South Sycamore Street Elizabethton, TN 37643 BOARD OF ZONING APPEALS

BZA		

Main 423-542-1508 Fax 423-547-7448 www.elizabethton.org

## **Application for Variance**

Property Address:	Current Zoning:				
Tax Map Number	Group	_ Parcel Number			
Request for variance in order	to build				
fill in only the line(s) that apply to your	,				
request(s)	Code Section	Applicant has	Code requires	Variance requested	
Total area	14-401				
Lot width	14-401				
Front yard setback	14-401				
Minimum side yard setback	14-401				
Rear yard setback	14-401				
Public street frontage	14-205 (2)				
other (write in)					
* Six copies of a plan must be solution of the proposed build	= =	_			
Applicant:		Representative:	Representative:		
Address:		Address:			
Phone: Fax:		Phone: Fax:			
email:		email:	email:		
Property Location:		NS FOR VARIANCE			
If strictly adhered to , the City Code  1 My use of the property	e Sections cited above would be prohibited or			/s:	
□ exceptional narrowness, shall	(	or		ince became effective	
□ exceptional topographical con	ditions or other extraore	dinary situation or cond	lition of the property		
State <b>specifically</b> the reason/cond	ditions affecting this pro	perty.			

2	A <b>clearly demonstrable hardship*</b> would result if a variance is not granted. Specify the hardship that would result from strict application of the ordinance.				
	must be a case in which there is not a reasonable return from and reasonable use rdship under the law.	of the property financial burden or added cost in complying with the ordinance is not a			
3	Authorizing this variance will not result in substantial detriment or adverse impact to adjacent property.				
	☐ Correct	☐ Incorrect			
4	The granting of the variance will not substantially impair the intent and purpose of the Zoning Ordinance and the zoning plan.				
	☐ Correct	☐ Incorrect			
Additional comments or justification may be attached on a separate sheet.					
I hereby certify that all of the statements and information contained herein are, to the best of my knowledge, complete and correct. By signing this application, the owner authorizes the Board of Zoning Appeals and City employees to enter the property during the normal discharge of their duties in regard to this request. I (we) agree to comply with any conditions for the variance required by the BZA.					
		Date:			
Owner's	Signature	_			
Print Na	me	_			
Application Fee: \$50.00 Residential \$75.00 Commercial					
Revise	d October 2, 2013				