

## METROPOLITAN BOARD OF ADJUSTMENT APPLICATION

Application Date: \_\_\_\_\_ Time: \_\_\_\_\_ Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_

Project Address: \_\_\_\_\_ City: \_\_\_\_\_

Lot: \_\_\_\_\_ Sq.: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Census: \_\_\_\_\_ Page: \_\_\_\_\_ Zoning: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**ORDINANCE NUMBER(S):**

**REQUIREMENT(S):**

**ORDINANCE MODIFICATION(S)**

**REASON(S) FOR VARIANCE REQUEST:**

**STATUS OF JOB:**

I agree to adhere to the requirements pertaining to the posting of the sign for the Metropolitan Board of Adjustment. I agree to post the sign, visible from the street or road, for the duration of seven (7) days prior to the meeting. I accept responsibility for payment of the \$20.00 fee assessed for each trip made by the Building Inspector to insure the sign is properly posted. I will attend the Metropolitan Board of Adjustment meeting or designate a representative to attend in my behalf.

I hereby swear and attest that all facts and information included herein and on this application are true and correct, that I am the person legally and lawfully responsible for the project for which this application is made.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SUBSCRIBING WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_