

BOARD OF ZONING APPEALS APPLICATION PLANNING AND CODES DEPARTMENT



City of Alcoa • 223 Associates Boulevard • Alcoa, TN 37701 • Ph#: (865)380-4730 Fax#: (865)380-4744

Application Number _____

Name of Applicant: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Agent/Contact: _____

Mailing Address: _____

Telephone: _____ Fax: _____

PROPERTY IDENTIFICATION:

Project Name: _____

Address of Property: _____

Map Number: _____ Group Number: _____

Parcel Number: _____ Parcel Acreage: _____

Parcel Zoning: _____ Existing Land Use: _____

Based on the powers and jurisdiction of the Board of Zoning Appeals as set out in _____, Section _____, of the Zoning Ordinance, I, the undersigned am hereby requesting the following action:

Administrative Review

Variance

Special Exception

Map Interpretation

Reason for Request: _____

The undersigned hereby applies to the City of Alcoa, Tennessee for development approval as indicated above. I hereby certify that the information submitted in this application is true and correct to the best of my knowledge at the time of application.

Applicant's Signature

Date

Witness Signature

Date

FOR OFFICE USE ONLY:

Date Application Received: _____

Received By: _____

Application Fee Paid: _____ Check Number: _____ Receipt Number: _____

BOARD OF ZONING APPEALS ACTION:

Date Petition Heard: _____

Granted

Granted Subject to Conditions: _____

Denied

Reason for Denial: _____