



BOARD OF ZONING APPEALS REQUEST FORM

City of Gatlinburg, PO Box 5, 1230 East Parkway, Suite 4, Gatlinburg, TN 37738(865)436-7792

PLEASE NOTE: FAILURE TO ATTEND THE MUNICIPAL AND REGIONAL BOARD OF ZONING APPEALS MEETINGS MAY RESULT IN NO ACTION BY THE BOARDS.

DATE: _____ \$25.00 Filing Fee Paid: _____ Receipt #: _____

Please check all that apply:

- | | |
|---|---|
| _____ Municipal (Meets 4 th Thursday) | _____ Regional (Meets on Call) |
| _____ Administrative Review | _____ Interpretation of Zoning Ordinance or Map |
| _____ Special Exception | _____ Variance (Ord. Section _____) |

THE FOLLOWING INFORMATION MUST BE FURNISHED IN CONJUNCTION WITH THIS APPEAL:

Applicant Name: _____ Phone# _____

Mailing address: _____

E-911 Address: _____ Tax Map Info: Map _____ Group _____ Parcel _____

Lot #: _____ Street Name: _____ Zone: _____

Owner's Name(s): _____ Phone#: _____

Mailing Address: _____

Size of Present Structure: _____ Size of Lot – Acreage: _____

Size of Proposed Structure: _____ Square Feet: _____

Proposed Use of Property: _____

Has a Building Permit been issued? _____ Permit #: _____

Has there been any previous appeal involving the property? _____

If yes, state the date of the appeal _____ and the disposition of the appeal case _____

Setbacks **after** completion of building or addition (measured from the lot line):

Front Yard _____ **Side Yard** _____ **Rear Yard** _____

NOTE: Seven (7) copies of the survey map must be submitted with this appeal.

VERIFICATION STATEMENT: By submitting this appeal, I and/or We, believe that practical difficulty or unnecessary hardship does exist in the way of carrying out the strict letter of the Zoning Ordinance and that the request will not be detrimental to the public welfare nor the property of other persons located in the vicinity.

Applicant Signature: _____ DATE: _____

TO BE COMPLETED BY PLANNING STAFF

Appeal: Granted _____ Denied _____ Date: _____

Comments/Conditions: _____
