

BOARD OF ZONING ADJUSTMENT APPLICATION
CITY OF TRUSSVILLE, ALABAMA

FOR OFFICE USE ONLY

CASE #: _____

HEARING DATE: _____

(PLEASE PRINT)

APPLICANT NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ DATE: _____

PROPERTY ADDRESS: _____

Under the provisions of Act 344, 1947 Legislature, the Board of Zoning Adjustment of the City of Trussville, Alabama is hereby requested to:

_____ Hear an appeal from a decision of the Zoning Administrator.

_____ Authorize a variance from the terms of the Zoning Regulations.

_____ Cause a permit to be issued for a special exception.

Granting this application will permit me to (be specific-use additional page if necessary)

I hereby certify that I am the owner/authorized agent of above described property

(Owner/Authorized Agent Signature)

(For office use only)

\$50.00 FEE COLLECTED: _____ DATE: _____ RECEIVED BY: _____

ZONING: _____ GENERAL AREA OF CITY: _____

NOTICES MAILED: _____ ACTION OF BOARD: APPROVED _____ DENIED _____ CONTINUED _____

COMMENTS: _____

CHAIRMAN, BOARD OF ZONING ADJUSTMENT

APPEALED TO CIRCUIT COURT _____ DECISION _____