



GENERAL APPLICATION FORM

Docket No: _____ Date: _____

Permit Fee: _____ Receipt #: _____

Permit or Relief Requested: Appeal * Variance Special Use Permit

Applicant _____ Owner: _____

Address _____ Address _____

Telephone _____ Telephone _____

Legal Relationship of Applicant to Property Owner: _____

Purpose of Request: _____

Property Location: _____

Street Address: _____

Tax Map & Parcel Number: _____ Lot Size: _____ Zoning District: _____

Number Of Buildings To Remain: _____ Gross Floor Area To Remain: _____

Number Of Buildings Proposed: _____ Gross Floor Area Of Proposed Buildings: _____

Total Square Footage Of Land To Be Disturbed: _____ Estimated Cost Of Project: _____

Please provide clear directions (with landmarks) to the property: _____

If needed to illustrate the appeal, or to request a variance or a special use permit, please attach a plot plan.

The applicant (if an owner of the property) grants the members and staff of the Polk County Board of Adjustment, and the Polk County Zoning Administrator and members of his staff, the right to enter onto the property for purposes of making a site inspection in connection with this proceeding. This right of entry shall not extend to any of the interior of any structures or enclosures on the property.

Signature of Applicant

** Please attach a copy of the Zoning Administrator's written decision, if available.*