

**APPLICATION FOR ZONING PERMIT WITH SPECIAL EXCEPTION REVIEW (ZPSE) §12.4.9 DZC**

**PLEASE FILL OUT THE AREA BELOW**

Application Date: CPD \_\_\_\_\_ BOA \_\_\_\_\_  
Premises: \_\_\_\_\_  
Legal Description: (FILLED OUT BY BOARD STAFF) \_\_\_\_\_  
Applicant(s): \_\_\_\_\_  
\_\_\_\_\_  
NAMES OF ALL LANDOWNERS  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
Filed By (If other than the Applicant/Landowner):  
Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

<b>OFFICE USE ONLY</b> Case No.: _____ Date Filed: _____ Hearing Date: _____ Time: _____ O'clock __.M. <b>Wellington E. Webb Municipal Office Building</b> <b>Room 2.H.14</b> Pick up Sign Week of: _____ Post Sign, Saturday: _____ Filing Fee Amount: \$ _____ Category: _____ CC Receipt No.: _____ Date: _____ Registered Neighborhood Organization No(s): _____ _____ City Councilperson: _____
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1. **PRE-APPLICATION CONFERENCE WITH THE ZONING ADMINISTRATOR COMPLETE?** \_\_\_\_\_  
Date

**ATTACH CPD STAFF LETTER TO BOA APPLICATION AT TIME OF FILING!**

2. **BRIEF STATEMENT BY APPLICANT OF USE PROPOSED AND reviewed BY CPD STAFF:**  
**(NOTE: A copy of your submittal may be attached)**  
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3. **ZPSE REVIEW CRITERIA IN § 12.4.9.9 DZC: YOU MUST PROVE AT THE HEARING THAT YOU MEET THE ZPSE CRITERIA IN SECTION 12.4.9.9. TO OBTAIN THE PERMIT. you are advised to work closely with CPD/ Development Services staff to insure that your project receives an accurate, timely and favorable staff recommendation.**

**ZPSE STAFF RECOMMENDATIONS ARE DUE 2 WEEKS BEFORE YOUR SCHEDULED HEARING DATE!**

Signed: \_\_\_\_\_ Owner \_\_\_ Atty \_\_\_ Agent \_\_\_ Tenant \_\_\_ Other \_\_\_  
Print Name: \_\_\_\_\_