

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: _____

OFFICE USE ONLY Case No.: _____ Date Filed: _____ Hearing Date: _____ Time: _____ O'clock __.M. Wellington E. Webb Municipal Office Building Room 2.H.14 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)

3. **ZPSE REVIEW CRITERIA IN § 12.4.9.3 DZC: YOU MUST PROVE AT THE HEARING THAT YOU MEET THE ZPSE CRITERIA IN SECTION 12.4.9.3. TO OBTAIN THE PERMIT. You are advised to work closely with CPD/ Development Services staff to ensure 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: _____