

CITY OF RIDGETOP
APPLICATION FOR ZONING APPEALS BOARD

Name: _____ Date of Meeting: _____

Name of Applicant: _____ Phone: _____

Address: _____

Location of Property: _____

Name of Plat (If Subdivision): _____

Map & Parcel #: _____ Civil District: _____ No. of Acres: _____

Board Request: Circle the one that applies to you: **VariANCES** **Special Exceptions**

Give a detailed, written, specific reason for this request: (attach additional sheets as necessary)

Signature of Applicant

Date

ATTACH COPY OF TAX MAP WITH NAMES OF ADJOINING PROPERTY OWNERS.
(A Copy must be obtained from the Assessor of Properties Office)

CONTACT PROPERTY OWNERS IN THE AREAS THAT COULD BE AFFECTED BY THIS REQUEST
INFORMING THEM OF YOUR PROPOSAL.
(A signed petition from them could be helpful)

A SITE PLAN, TO SCALE, IS REQUIRED SHOWING ALL EXISTING BUILDINGS PROPOSED
BUILDINGS, SHOWING DISTANCE FROM FRONT, REAR AND SIDE YARDS (we would suggest that to
comply with the site plan regulations, you consider securing the services of someone who is trained in
this type of work, either a surveyor or engineer)

**YOU, OR YOUR DESIGNEE, SHOULD BE PRESENT AT ZONING APPEALS MEETING TO ENSURE
YOUR REQUEST IS GIVEN FULL CONSIDERATION**

A FEE OF \$100.00 is payable upon filing this application.

A Meeting will then be called and scheduled. You will be notified by City Hall of the Date.