



ZONING APPEALS/SPECIAL EXCEPTION APPLICATION

Date Submitted: _____ Hearing Date: _____

Application Accepted by: _____

Application Case Number: _____

| PROPERTY INFORMATION PLEASE PRINT | PROPERTY OWNER/APPLICANT INFORMATION PLEASE PRINT |
|---|---|
| Project/Development Name: _____ | Name: _____ |
| _____ | Company: _____ |
| Unit/Phase Number: _____ Lot Number: _____ | Address: _____ |
| Address: _____ | _____ |
| _____ | City: _____ State: _____ Zip: _____ |
| Present Zoning: _____ | Telephone: _____ |
| Zoning Applied for (if applicable): _____ | Email: _____ |
| Tax Map and Parcel Number(s): _____ | Fax: _____ |

TYPE OF REQUEST

APPEAL OF DECISION VARIANCE SPECIAL EXCEPTION PERMIT

JUSTIFICATION STATEMENT (Grounds for Request)
PLEASE PRINT OR ATTACH STATEMENT

SUBMITTAL CHECKLIST

- Justification Statement (Grounds for Request)
- \$250 Fee (Payment via Check made payable to City of Lakesite)
- Owner Authorization Letter (if Applicant is not the Property Owner)
- Site/Lot Plan (if applicable)