



# APPLICATION FOR APPEAL TO BOARD OF ZONING ADJUSTMENT FOR TEMPORARY BUSINESS OCCUPANCY

**Please Print Information on this Application**

**APPLICANT INFORMATION:**

APPLICANT NAME:	
MAILING ADDRESS:	
CITY STATE ZIP:	
TELEPHONE:	

**LOCATION OF OCCUPANCY:**

OCCUPANCY ADDRESS:	
PROPERTY OWNER:	
OWNER MAILING ADDRESS:	
CITY STATE ZIP:	
OWNER PHONE:	

HAVE ALL SIGNS BEEN REVIEWED AND APPROVED BY BUILDING DEPARTMENT?  YES  NO  
 HAS THE PARKING PLAN BEEN REVIEWED AND APPROVED? IS COPY ATTACHED TO THIS APPLICATION?  YES  NO  
 TEMPORARY TOILET FACILITIES MUST BE PROVIDED AND APPROVED & LOCATION SHOWN ON PLOT PLAN.  
 ALL ELECTRICAL CONNECTIONS MUST BE IN COMPLIANCE WITH ELECTRIC CODE; INSPECTED AND APPROVED.  
 TENTS MUST HAVE FLAME RESISTANCE CERTIFICATION.  
 PORTABLE BUILDINGS MUST BE INSTALLED ACCORDING TO MANUFACTURER'S INSTRUCTIONS; INSPECTED AND APPROVED.

**DESCRIBE THE BUSINESS AND LENGTH OF OCCUPANCY:**

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**The Board of Zoning Adjustment** meets the Second Tuesday of each month at 4:00 p.m. in the Council Chambers of City Hall. Applications must be filed with the Building Department on the 25<sup>th</sup> of the month preceding the regularly scheduled meeting. **APPLICANTS MUST BE PRESENT** in order for the Board to render a decision; otherwise, the case is dismissed. Actions of the Board may be appealed to the Circuit Court. **YOU WILL NOT BE NOTIFIED OF THE MEETING.** IT IS RECOMMENDED THAT YOU REQUEST A COPY OF THIS APPLICATION.

Please print your name below, then sign and date this application.

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**PRINT NAME** **SIGNATURE**

DATE: \_\_\_\_\_

**OFFICE USE ONLY:**

DATE RECEIVED:	
RECEIVING CLERK:	
ZONING DISTRICT:	
HEARING DATE:	
RESULTS:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> CONDITIONS