BOARD OF ZONING APPEALS REQUEST FORM

City of Gatlinburg, PO Box 5, 1230 East Parkway, Suite 4, Gatlinburg, TN 37738 (865) 436-7792

Please note: Failure to attend the municipal and regional board of zoning appeals meetings may result in no action by the boards.

DATE: ____________________ $25.00 Filing Fee Paid: ___________ Receipt #: ___________

Please check all that apply:

_____ Municipal (Meets 4th Thursday)  _____ Regional (Meets on Call)

_____ Administrative Review  _____ Interpretation of Zoning Ordinance or Map

_____ Special Exception  _____ Variance (Ord. Section _____)

The following information must be furnished in conjunction with this appeal:

Applicant Name: ___________________________ Phone#: ___________________________

Mailing address: _____________________________

E-911 Address: ____________________________ Tax Map Info: Map _____ Group _____ Parcel _____

Lot #: ___________________________ Street Name: ___________________________ Zone: ___________________________

Owner’s Name(s): ___________________________ Phone#: ___________________________

Mailing Address: _____________________________

Size of Present Structure: ___________________________ Size of Lot – Acreage: ___________________________

Size of Proposed Structure: ___________________________ Square Feet: ___________________________

Proposed Use of Property: ___________________________

Has a Building Permit been issued? ___________ Permit #: ___________________________

Has there been any previous appeal involving the property? ___________

If yes, state the date of the appeal ___________ and the disposition of the appeal case ___________

Setbacks after completion of building or addition (measured from the lot line):

Front Yard ___________ Side Yard ___________ Rear Yard ___________

NOTE: Seven (7) copies of the survey map must be submitted with this appeal.

Verification statement: By submitting this appeal, I and/or We, believe that practical difficulty or unnecessary hardship does exist in the way of carrying out the strict letter of the Zoning Ordinance and that the request will not be detrimental to the public welfare nor the property of other persons located in the vicinity.

Applicant Signature: ___________________________ DATE: ___________________________

TO BE COMPLETED BY PLANNING STAFF

Appeal: Granted ___________ Denied ___________ Date: ___________________________

Comments/Conditions: ___________________________