

Variance Application

Town of Bevent Zoning Board of Appeals

Part 1: General information and alternatives analysis

To be completed jointly by the Applicant and Zoning Permit Administrator

Application Date: _____

Name of applicant: _____

Address of applicant: _____

Phone number of applicant: _____

Legal description: _____

Address of property to rezone: _____

Tax parcel number: _____

Zoning District: _____

Description of any prior petition for appeal, variance or conditional use:

Description and location of all nonconforming structures & uses on the property:

Describe the variance requested:

Describe the effects on the property if the variance is not granted:

Zoning Permit Administrator signature _____

Applicant signature: _____

Date _____

Application Fee: \$400.00 (Payable to the Town of Bevent)

Check Number _____