



City of White House, Tennessee
BOARD OF ZONING APPEALS APPLICATION

150 College Street, White House, TN 37188
 (615) 672-4350 ext. 2120

FOR STAFF USE ONLY	
Date Application submitted: _____	Fee: _____
Date Accepted as complete: _____	Case number: _____
Map/Parcel: _____	Public Hearing Date: _____

Date: _____ Project Name: _____

Property Address/Location: _____

Current Zoning District(s): _____ Property Size: _____

Description of Request: _____

<u>Type of request being made</u>	<u>Materials Submitted</u>
<input type="checkbox"/> Variance for _____	<input type="checkbox"/> Letter of Request
<input type="checkbox"/> Special exemption _____	<input type="checkbox"/> Proof Of Ownership
<input type="checkbox"/> Interpretation of a definition	*7 Folded Copies and one (1) digital copy of:
<input type="checkbox"/> Other _____	<input type="checkbox"/> Building Elevations
	<input type="checkbox"/> Site Plan
	<input type="checkbox"/> Location Map

Note to the Applicant:

*Applications and all required submittals must be filed with the Planning Department prior to the established deadline. Both the applicant and property owner must sign the application.

*All applications must be accompanied by completed checklist.

*A representative must be present at the scheduled meeting.

PROPERTY OWNER(S) OR AUTHORIZED AGENT:

I/We certify under penalty of perjury that I am/we are the owner(s) of the property that is the subject of this application and that I/we have read this application and consent to its filling. (If signed by the authorized agent; a letter from each property owner must be provided indicating that the agent is authorized to act on her/his behalf.)

Property Owner Name (printed): _____ Date: _____

Address: _____

Phone number: _____ Mobile #: _____

Email: _____

Signature: _____

Authorized Agent Name (printed): _____ Date: _____

Address: _____

Phone number: _____ Mobile #: _____

Email: _____

Signature: _____

APPLICANT OR REPRESENTATIVE:

I have read the attached checklist and have complied with all requirements listed and understand that is application may be deemed incomplete if the submittal misses any of the information listed. I also understand that other information may be requested by staff, Planning Commission and Alderman during review relevant to the request.

Name (printed): _____ Date: _____

Address: _____

Phone number: _____ Mobile #: _____

Email: _____

Signature: _____