

Zoning Appeal Application

City of Seneca

Planning & Development

Date: _____

Fee Due: \$50

Property Owner(s): _____

Owner(s) Address: _____

Owner(s) Phone #: _____

Owner(s) Email #: _____

Applicant(s) Name: _____

Applicant(s) Address: _____

Applicant(s) Phone #: _____ Applicant(s) Email: _____

Applicant(s) Interest in Property: _____

Property Location (a plat must accompany this application): _____

Tax Map Number: _____ Zoning Classification: _____

Use of Property: _____

Property Characteristics: _____

I request: An Appeal to the decision of the zoning administrator in interpretation of the Zoning Ordinance:

A Variance from the following provisions of the Ordinance, section numbers:

I (we) certify that I (we) are the free holder(s) of the property(s) involved in this application and further that I (we) designate the individual(s) signing as the applicant(s) to represent me (us) in this Appeal.

Signature of Owner(s):

_____ Date: _____

_____ Date: _____

For Zoning Official Use
Variance Number: _____
Accepted By: _____
Advertised: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Property Posted: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Date of ZBA Meeting: _____

For Board of Appeals Use: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date: _____
Signature of the Chairman, Zoning Board of Appeals: _____