

Case # BOA _____

TOWN OF KENNETH CITY BOARD OF ADJUSTMENTS AND APPEALS APPLICATION

Name: _____

Address: _____

Phone #: _____ Email: _____

Tax Folio #: _____

Representing: _____

IS THIS A ☐ VARIANCE, AN ☐ APPEAL, OR ☐ SPECIAL EXCEPTION? (PLEASE SELECT ONE)

Please provide specific sections of the code or ordinance to which the variance or appeal applies:

If this is an appeal of an administrative decision, please indicate the official who made the decision:

I request that this matter be scheduled for a hearing before the Town of Kenneth City Board of Adjustments and Appeals. My reason for this request is as follows: (Provide additional sheets if needed.)

I hereby certify that to the best of my knowledge, the information submitted for this hearing is true and correct.

Signature Authorization: _____ Date: _____

PLEASE NOTE: PROVIDE EIGHT (8) COPIES OF ALL BACKUP INFORMATION FOR BOA MEMBERS. IF THERE ARE SEALED PLANS/DRAWINGS FOR THE PROJECT FOR WHICH THE APPEAL/VARIANCE IS REQUESTED, THE ARCHITECT/ENGINEER WHO SEALED THE PLANS OR DRAWINGS **MUST** BE PRESENT AT THE HEARING.

THE APPLICANT'S PRESENCE, OR AUTHORIZED AGENT IS REQUIRED FOR A CASE TO BE HEARD BY THIS BOARD.

HEARING DATES ARE USUALLY ARRANGED FOR EACH CASE, AND ARE HELD AT 6:00 PM.

FEE: \$400.00 (\$100 REVIEW; \$300 ESTIMATED ADVERTISING). Please make any checks payable to Town of Kenneth City. The applicant will be issued credit should the advertising fee be less than \$300.