

CASE #: _____

DATE REC'D: _____

RECEIPT #: _____

CONDITIONAL PERMIT, SPECIAL EXCEPTIONS OR APPEAL REQUEST

1. NAME OF APPLICANT: _____

2. MAILING ADDRESS: _____

3. OWNER OF PROPERTY (IF DIFFERENT FROM APPLICANT) : _____

4. TELEPHONE NUMBER (BETWEEN 8:00 & 4:00) : _____

5. ADDRESS FOR WHICH VARIANCE IS REQUESTED: _____

6. SUBDIVISION: _____ LOT #: _____

7. ZONING OF PROPERTY: _____

8. TAX MAP NUMBER: _____

9. TYPE OF APPEAL, VARIANCE OR SPECIAL PERMIT REQUESTED (BE SPECIFIC): _____

10. LIST HAMILTON COUNTY ZONING REGULATION IN WHICH APPEAL, VARIANCE OR SPECIAL PERMIT IS

BEING REQUESTED FROM: _____

I HEREBY CERTIFY THAT SUCH VARIATION FROM THE HAMILTON COUNTY ZONING REGULATIONS OR GRANTING OF A CONDITIONAL PERMIT WILL NOT; (1) IMPAIR AN ADEQUATE SUPPLY OF LIGHT AND AIR TO ADJACENT PROPERTY, (2) INCREASE THE HAZARD FROM FIRE AND OTHER DANGERS TO SAID PROPERTY, (3) DIMINISH VALUE OF LAND AND BUILDINGS THROUGHOUT THE SURROUNDING AREA, (4) INCREASE THE CONGESTION OR TRAFFIC HAZARDS IN THE PUBLIC STREETS OR HIGHWAY, AND (5) OTHERWISE IMPAIR THE PUBLIC, HEALTH, SAFETY, COMFORT, MORALS, AND GENERAL WELFARE OF THE INHABITANTS OF HAMILTON COUNTY.

ALSO, I HEREBY CERTIFY THAT THE FACTS SET OUT IN THE FOREGOING REQUEST ARE TRUE TO THE BEST OF MY INFORMATION AND BELIEF. I UNDERSTAND THAT FAILURE TO PROVIDE ADEQUATE AND COMPLETE INFORMATION SHALL BE GROUNDS FOR POSTPONEMENT OR DENIAL OF THIS APPLICATION.

APPLICANTS SIGNATURE: _____

A CHECK PAYABLE TO THE HAMILTON COUNTY TRUSTEE MUST ACCOMPANY THIS REQUEST: **\$100.00**

SEND PAYMENT TO: HAMILTON COUNTY BUILDING INSPECTION DEPT
1250 MARKET STREET, #1020 DEVELOPMENT RESOURCE CENTER
CHATTANOOGA TN 37402

IF THE REQUEST IS FOR A TEMPORARY TRAILER, THE PETITION WAS GRANTED FOR _____ MONTHS.

THE ABOVE PETITION WAS / NOT GRANTED

CHAIRMAN: _____ **DATE:** _____

EXPLANATION FOR VARIANCE

1.) PLEASE STATE BELOW: HOW THE STRICT APPLICATION OF THE HAMILTON COUNTY ZONING REGULATIONS WOULD RESULT IN PRACTICAL DIFFICULTY OR UNNECESSARY HARDSHIP TO THIS PROPERTY OR BUILDING PROJECT

2.) PLEASE STATE WHETHER YOUR PROPERTY HAS EXCEPTIONAL NARROWNESS, SHALLOWNESS, SHAPE OR OTHER EXTRAORDINARY AND EXCEPTIONAL SITUATION OR CONDITION AND HOW THE STRICT APPLICATION OF THE ZONING REGULATIONS WOULD RESULT IN PECULIAR AND EXCEPTIONAL PRACTICAL DIFFICULTIES TO YOU OR EXCEPTIONAL AND UNDUE HARDSHIP UPON YOU

3.) DID YOU CAUSE THE PRACTICAL DIFFICULTY OR UNNECESSARY HARDSHIP?

REQUEST AUTHORIZATION

**TO BE SIGNED BY COMPANY OR CORPORATION OWNED PROPERTY
(THIS FORM MUST BE NOTARIZED)**

I, (NAME) _____ OWNER OF PROPERTY LOCATED AT
(ADDRESS) _____

**DO HEREBY ACKNOWLEDGE AND AUTHORIZE THE FILING OF A REQUEST FOR A
CONDITIONAL PERMIT, SPECIAL EXCEPTIONS OR APPEALS REQUEST ON SAID
PROPERTY.**

SIGNATURE: _____ **DATE:** _____

NOTARY:

**STATE OF TENNESSEE
COUNTY OF HAMILTON**

**BEFORE ME, _____, OF THE STATE AND COUNTY
AFORESAID, PERSONALLY APPEARED _____, WITH
WHOM I AM PERSONALLY ACQUAINTED, AND WHO, UPON OATH,
ACKNOWLEDGED HIMSELF OR HERSELF TO BE _____ OF
_____, THE WITHIN NAME BARGAINOR, A CORPORATION, AND
THAT HE OR SHE AS SUCH _____, BEING AUTHORIZED TO DO SO,
EXECUTED THE FOREGOING INSTRUMENT FOR THE PURPOSE THEREIN
CONTAINED BY SIGNING THE NAME OF THE CORPORATION BY HIMSELF OR
HERSELF AS _____ OF _____.**

**WITNESS MY HAND AND SEAL, AT OFFICE IN _____
COUNTY, THIS _____ DAY OF _____, _____.**

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____