

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
4005 CROMWELL ROAD
CHATTANOOGA TN 37421

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

THE ABOVE PETITION WAS / NOT GRANTED

CHAIRMAN: _____ **DATE:** _____