

Sullivan County Planning & Codes

Application for Variance or Conditional Use/Special Exception

Sullivan County Board of Zoning Appeals

Date:

Applicant Name:

Address:

Phone:

Email:

Property Identification

Location:

Tax Map:

Group:

Parcel:

Zone:

Zoning Map:

Front Setback:

Rear Setback:

Side Setback:

Purpose of Variance or Conditional Use/Special Exception:

Checklist for Submission

____ Sketch of Property, show dimensions of structure, show utilities, show septic, show anything to justify the variance,
Reference https://assessment.cot.tn.gov/RE_Assessment/Home.aspx

____ Provide a copy of septic system permit/layout

____ Pictures of property

DEED RESTRICTIONS

I understand that any variance that may be approved by the Board of Zoning Appeals does not release my property from the requirements of private deed/Subdivision restrictions.

Signature of Applicant: _____ Date: _____

Office Space Only

Meeting Date:

Time: 5:00 PM

Place: Historic Courthouse, 2nd Floor

ACTION TAKEN/JUDGEMENT ENTERED BY BOARD OF ZONING APPEALS

Chairman, Board of Zoning Appeals: _____ **Date:**