



Request Date _____

Board of Zoning Appeals Request Application

Sevier County Planning and Zoning Department

227 Cedar Street ~ Sevierville, TN. 37862

Telephone: (865) 453-3882

Fax: (865) 453-5923

Applicant Name: _____ **Phone No:** _____

Address: _____

Street City State Zip

Applicant/Owner Email: _____

(Email for contact person concerning this application)

-----Owner Information -----

Property Owner: _____ **Phone No:** _____

Address: _____

Street City State Zip

-----Property Information-----

Civil District: _____ **Tax ID:** _____

Map Group Parcel

Property Address: _____

Street City State Zip

----- BZA Request -----

Variance Request: ___ Front ___ Side ___ Rear ___ Height

From: _____ To: _____

Interpretation **Other**

Describe the details and reason for the request: _____

Attach additional information or sheets if necessary

I, the undersigned being the owner of or applicant for the property described above, affirm the accuracy of the above information about the property and use described. I also authorize an agent of Sevier County Government to visit these premises for the purpose of inspecting the property and consent that a variance request may be considered. Any incorrect information provided causes this application and subsequent request to be null and void.

Property Owner / Applicant

Date

For Office Use Only

BZA _____ **Zoning Map #** _____ **TR#** _____ **Fee Pd.** _____

(\$25.00)

Staff Recommendation: For _____ Against _____

BZA Action: Approved _____ Denied _____