

Office Use Only	
Approved	_____
Tax Map#	_____
Group	_____ Parcel# _____

**ZONING BOARD OF APPEALS
APPLICATION FOR HARDSHIP VARIANCE**

It shall be noted that if a hardship variance is granted, the following regulations shall apply;

- **It will apply only to the individual(s) named below.**
- **The hardship variance can never be transferred to another property owner or another individual(s).**
- **The variance will cease immediately at such time as the below named individual(s) no longer resides at the below referenced property.**
- **You will be scheduled to appear before the Zoning Board every two (2) years to state the status of the hardship. Please bring documentation to establish that the hardship is still needed. (a physician's note, caseworker statement, etc.)**
- **You will not be required to re-advertise a Public Notice or do a certified mail out.**

It is the property owner's responsibility to comply with the above outlined requirements. Failure to comply will result in:

- 1. Removal of one (1) dwelling from the property.**
- 2. Subdivide the property.**
- 3. Re-apply for the hardship.**

Sumner County Zoning Resolution, Article IV. Section 2.2 states that two (2) residential dwellings on one (1) parcel of land is a violation. Article XII. Section 5-Penalties, states that you the property owner will be responsible for any and all fees associated with any legal action taken by Sumner County.

I have read and understand the above statements and I have agreed to abide by the terms and conditions set forth.

Signature of Property Owner(s): _____ / _____

Name of property owner(s): _____ / _____

Property Address: _____, _____, _____, _____
Address, Street Name City State Zip Code

Name of person(s) that the hardship would be for: _____ / _____

Age of person _____ **Relationship** _____

Age of person _____ **Relationship** _____

Describe the reason for the hardship: _____

