



SUMNER COUNTY BOARD OF ZONING APPEALS

355 N. Belvedere Drive Room 202, Gallatin, Tennessee, 37066

OFFICE: (615) 451-6097 FAX: (615) 451-6074

VARIANCE REQUEST					
Type of Variance: <input type="checkbox"/> Setback <input type="checkbox"/> Lot Size <input type="checkbox"/> Sign <input type="checkbox"/> Parking <input type="checkbox"/> Administrative Appeal					
Date Submitted:	Tax Map:	Group:	Parcel:	Acres:	Zoning:
Variance Address:					
Property Owner:					
Address:					
City:		State:		Zip Code:	
Phone:			Email:		
Applicant: (If different from property owner)					
Address:					
City:		State:		Zip Code:	
Phone:			Email:		
Was a pre-application meeting held with staff? Yes No			Date of Meeting:		
Purpose: Briefly describe the reason for this variance:					
Signature of Owner or Owner's Agent:					

Items required at time of application submittal:

1. ____ **Application**
2. ____ **Application Fee of \$75.00**
3. ____ **Warranty Deed**
4. ____ **Copy of the septic permit** OR an affidavit of disclosure from the Environmental Dept. (Room 208)
5. ____ Obtain Public Notice Sign (**\$25 per road frontage**, posted through meeting date returned to Room 202)
6. ____ **Plot Plan** containing all information listed below:

- Show how many feet that any existing and/or proposed building(s) are located from all property line boundaries, fences, and other structures located on the property.
- Show setbacks and easements (if applicable) to the property.
- Show the septic system.
- Show the drain field (s)
- Show existing or proposed landscape buffers, screening, fencing, entrance(s) from the county approved road(s)

SIGN VARIANCE ONLY:

7. ____ Show the locations of signs (if any). A sign application is required with this request

PARKING VARIANCE ONLY:

8. ____ Show location of vehicle parking spaces AND indicate if your intentions are to request a variance for "Dust Free Parking Surface" (You need to indicate this on your site plan)
9. ____ Show how many vehicle parking spaces including any handicap parking
10. ____ Specify if the vehicle spaces are to be used for customer parking or semi-temporary parking

Received by: _____

Date: _____

Receipt #: _____