

City of Dickson NOTICE OF APPEAL

_____ Board of Adjustment and Appeal
_____ Board of Zoning Appeal

Date: _____

Type of variance requested: _____

Applicant: _____

Address: _____

Phone: _____

Location of property needing variance: _____

Reason for Appeal: _____

Zoning District: _____ Required Setback: _____ ft.

Existing Setback: _____ Proposed Setback: _____ ft.

Variance Requested: _____ ft.
(Proposed Setback less Required Setback)

Status of Job: Not Started _____ Under Construction _____ Finished _____

All building plans, plats, drawings, or other data must be accompanied with this application.

In order that I might construct the above named structure as proposed & shown on the attachment, I hereby appeal for variation of the city codes.

Applicant's Signature

Meeting Date: _____

Location of meeting: _____

Fee: _____