HIGHLAND BOARD OF ZONING APPEALS VARIANCE OR USE VARIANCE

PETITION FOR HEARING

Applicant's Name:	Phone#	
Address:	City:	State:
Legal Owner of Property:	Phone#	
Address:	City:	State:
Email Address:		
Please Check: \Box Variance \Box	Use Variance	
1. Location and address of propo	osed improvements:	
Brief description of proposed	improvements:	
3. Reason for denial or revocation	n of building permit:	
Specific description of sections variance or use variance:	s of the Highland Zoning Ordinance for	which you are seeking a
To the best of my knowledge and be	elief the above information is true and o	correct.
Applicant Signature:	Date:/	
	Date:/	
Fee Paid: Date:		

- * Application to be filed and fee paid no later than the 20 Days prior to the 4th Wednesday of the month.
- ** The Board of Zoning Appeals meetings are on the 4th Wednesday of each month.
- *** The Petitioner shall bear the cost of all legal advertising and preparation of plans.