



Date: _____

A non-refundable application fee of \$350 is required at the time this application is submitted.

Application for Zoning Variance or Administrative Appeal

1. Owner/Applicant Information

Name: _____

Mailing Address: _____

Telephone: _____ E-Mail Address: _____

2. Description of Variance of Appeal Request:

3. Property Information:

Parcel ID: _____ - _____ - _____ - _____

Property Address: _____

Check here if Address is same as above.

Zoning District: _____

4. Petitioner Affidavit:

By Signing below, I understand that if the requested variance or appeal is granted, I am not relieved from complying with all other applicable requirements of the City of Harrison Zoning Ordinance or any other City Ordinances. By signing, the applicant/owner hereby grant permission to City of Harrison officials and employees to enter upon the subject property for the purpose of review and evaluation of

Owner/Applicant

Signature: _____ Date: _____

5. Site Plan: (Attached 8 copies of:)

A. An accurate Site Plan of the property, drawn to scale showing:

- I. Property Boundaries
- II. Existing and proposed buildings or structures
- III. Distance from lot lines of each existing and proposed building or structure
- IV. Unusual physical feature of the site, building, or structure
- V. Abutting streets

