

**HENDERSON COUNTY BOARD OF ZONING
ADJUSTMENT APPEAL APPLICATION**

HENDERSON COUNTY CODES ADMINISTRATION – 1990 Barrett Ct. Suite C - PHONE (270) 827-6030

_____ CONDITIONAL USE PERMIT _____

_____ VARIANCE _____

_____ BUILDING INSPECTOR'S
INTERPRETATION _____

APPLICATION DATE ___/___/___ HEARING DATE ___/___/___ APPEAL NUMBER _____

PROPERTY LOCATION _____ ZONED _____

THE FOLLOWING IS REQUIRED:

- 1. SITE PLAN**
- 2. ADJACENT PROPERTY OWNER'S NAMES AND ADDRESSES**
- 3. AN APPLICATION FEE OF \$40.00**
- 4. A LAND USE RESTRICTION FILING FEE OF \$50.00 (REFUNDABLE IF APPEAL DENIED)**

PROPERTY OWNER: _____

NAME

MAILING ADDRESS/CITY/STATE/ZIP CODE

DAYTIME TELEPHONE

FAX NUMBER

Signature: Property Owner

_____/_____/_____
Date

Transmitted by: _____
Code Administrator

_____/_____/_____
Date

Received by: _____
Secretary, Board of Zoning Adjustment

_____/_____/_____
Date

DECISION

DATE FILED IN COUNTY CLERK'S OFFICE ___/___/___

APPLICANT MUST BE PRESENT AT BOARD OF ZONING ADJUSTMENT MEETING

