

CITY OF HARRIMAN
P.O. DRAWER 433
HARRIMAN, TN 37748

Application for Variance to the Zoning Ordinance

Date: _____

Name of Petitioner: _____

Address: _____

Telephone: _____ Property Owner _____
(if not same as petitioner)

This application is hereby made for a variance or waiver of (set-back, height limitations, etc.)
requirements stated in Article

_____ Section _____ of the Zoning Ordinance.

Property Address: _____

Tax Map: _____ Group: _____ Parcel: _____ Current Zoning: _____

Explain how the strict application of the Zoning Ordinance would be an unnecessary hardship on
the owner: _____

Granting of this Re-Zoning will not be contrary to the public interest because

By granting this variance the spirit of the ordinance will be observed because:

Adjacent Property Owners:	Map/Group/Parcel	Telephone
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Right Side:

Left Side:

Front:

Rear:

Others:

Application Fee = \$50.00

To: City of Harriman

Approved by **BOARD OF ZONING APPEALS:**

