

Town of Trinity
Trinity, Alabama
ZONING BOARD OF ADJUSTMENT AND APPEAL
APPLICATION FOR HEARING

PROPERTY OWNER

APPLICANT

NAME: _____

STREET ADDRESS: _____

CITY/ ZIP: _____

PHONE NUMBER: _____

STREET ADDRESS OR LEGAL DESCRIPTION OF PROPERTY: _____

PLEASE CHECK ONE OF THE FOLLOWING INDICATING THE TYPE OF HEARING YOU ARE REQUESTING:

- VARIANCE USE ON APPEAL INTERPRETATION

➔ IF YOU ARE REQUESTING A VARIANCE PLEASE CHECK EACH OF THE FOLLOWING WHICH ARE APPLICABLE TO THE REQUEST AND INDICATE THE AMOUNT OF VARIANCE:

FRONT YARD (_____) ft. SIDE YARD (_____) REAR YARD (_____) ft.

LOT TOTAL AREA (_____) sq. ft. BUILDING HEIGHT (_____) ft.

MAXIMUM BLDG. AREA (_____) sq. ft. SIGN AREA (_____) sq. ft.

OTHER (DESCRIBE): _____

PLEASE EXPLAIN THE NATURE OF THE HARDSHIP, IF ANY: _____

➔ IF YOU ARE REQUESTING A USE PERMITTED ON APPEAL PLEASE DESCRIBE THE CIRCUMSTANCES BELOW (USE ADDITIONAL PAGE(S) IF NEEDED): _____

➔ IF YOU ARE REQUESTING A HEARING FOR AN INTERPRETATION OF A ZONING RULING PLEASE EXPLAIN BELOW (USE ADDITIONAL PAGE(S) IF NEEDED): _____

I _____ HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____ DATE: _____

APPLICATION RECEIVED BY: _____

TITLE: _____

DATE: _____