

TOWN OF CUMBERLAND GAP BOARD OF ZONING APPEALS APPLICATION

MAP: _____ PARCEL: _____ AC/LOT: _____ ZONE: _____

PROPERTY ADDRESS:

PROPERTY OWNER:

PHONE: _____

MAILING ADDRESS:

STREET/PO BOX: _____

CITY: _____ STATE: _____ ZIP: _____

In accordance with the provisions of Title 14 of the Cumberland Gap Municipal Code, I hereby appeal to the Board of Zoning Appeals for:

VARIANCE

SPECIAL EXCEPTION

ADMINISTRATIVE REVIEW

I do hereby swear that the information given above is true, to the best of my knowledge. I understand that all actions taken on my request will be conducted within the scope and application of the Town of Cumberland Gap Zoning and Land Use Control and Tennessee Code Annotated. If I willingly withdraw my application, it will be removed from the agenda and I must submit a new application with applicable fees.

SIGNATURE: (APPLICANT)

DATE

TAKEN BY: _____

DATE: _____

VARIANCE:

- Written denial of a permit from the Town of Cumberland Gap Planning Commission
- Any supporting information (e.g., photographs, topographic maps, deeds, etc.) to the conditions requiring a variance

SPECIAL EXCEPTION:

- Site Plan showing locations and intended uses of the site, the names of the property owners and existing land uses within one thousand feet
- Any maps or documentation to support the request for special exception
- For medical hardship, applicant must provide a physician's statement as to the patient's conditions which require consideration

The first Monday of every month

MEETING DATE:

The first Monday of every month

MEETING TIME:

6:00 p.m.

MEETING LOCATION:

**Cumberland Gap Town Hall
330 Colwyn Street
Cumberland Gap TN 37724**

Submission deadline for each month's agenda is seven 7 days (including weekends) prior to the scheduled meeting date.