

CITY OF LEWISBURG
DEPARTMENT OF CODES / STORMWATER

131 East Church St
Lewisburg, TN 37091



Phone: 931-359-1544
Fax: 931-359-7055

BOARD OF ZONING APPEALS APPLICATION

PROJECT INFORMATION

Project Name: _____ Date: _____

Project Location / Description: _____

Tax Map & Parcel #: _____

APPLICANT INFORMATION

*Name: _____ Company: _____

Mailing Address: _____

Contact Information: Telephone No. _____ Fax No. _____

**If applicant is not the listed owner of the property as shown on the official tax rolls of the county, the applicant must submit a letter with this application giving the applicant permission to act on the behalf of the legal owner.*

REQUIRED FEES

1) _____ Conditional Use Permit \$50.00

2) _____ Appeal \$50.00

3) _____ Request Zoning Variance \$50.00

Total Fees Submitted: _____ Date: _____

I hereby certify that I have read and examined this document and know the same to be true and correct. All documents, plats, plans and other information supplied with this application are true and correct representations of the project.

Signature of Applicant

Date