

**VILLAGE OF MOUNT GILEAD
APPLICATION FOR A VARIANCE / BOARD OF APPEALS**

The undersigned hereby requests the Mount Gilead Board of Zoning Appeals grant a variance.

1. Name of Applicant (owner) _____ Phone _____

2. Address of Applicant _____

3. Location of site where variance is requested:

Lot number _____

Street address _____

4. Describe the variance for which you request approval. _____

5. State reasons for the request _____

6. State the impact the variance may have on the neighborhood around the site if granted.

(use separate sheet of paper if needed)

7. The application shall be accompanied by a check payable to the Clerk of the village of Mount Gilead, or a cash payment in the amount of one hundred (\$100) dollars.

Signature of applicant: _____

Date submitted: _____

PLEASE ATTACH A COMPLETED APPLICATION FOR A BUILDING PERMIT.

Office Use only

DISPOSITION OF REQUEST

The above request for a zoning variance has been:

Approved _____ Rejected _____

If approved, list any stipulations: _____

If rejected, state reason(s): _____

Building and Zoning Inspector: _____

Date: _____

Village Administrator