CLITY OA	APPLICATION FOR APPEAL FOR VARIANCE OF ZONING REGULATIONS	Planning and Zoning Huntington City Hall 800 Fifth Avenue P.O. Box 1659 Huntington, WV 25717 (304) 696-5540, opt 3			
Applicant Name:	Phone:				
Address (city, state, zip):					
	Phone:				
Address (city, state, zip):					
	and Description (Tax Map Number, Parcel, and				
Variance requested assessment t					
Variance requested pursuant t	0:				
Article and/or I	Figure of the City of Hunting	ton Zoning Ordinance.			
Description of the variance being	g requested:				
Description of property including	g tax map, parcel, lot number (if applicable), stro	act address and/or other			
description:	g tax map, parcei, lot number (il applicable), suo	eet address and/or other			
-	tions or attributes which pertain to the property on which the Board of Zoning Appeals should b	-			
(Attach additional pages if nec	essary)				

The following exhibits are to be attached and made part of this application:

- Site plan of Real Estate involved (if applicable); drawn to scale with scale shown, with direction North clearly indicated on the drawing, showing all boundary lines and placement of existing and/or proposed structures, and with all dimensions shown (setbacks, buildings, etc.).
- Valid State or Federal Photo ID.

Signature of Applicant

- Any and all documentation and evidence to support the request.
- One Hundred Sixty dollars (\$160.00) filing fee for each variance sought.

I/We, the undersigned, am/are aware that a Public Hearing by the Board of Zoning Appeals will be held on Tuesday, _____.

It is my responsibility to attend (or send a representative) to the above meeting to present plans and to answer any questions regarding the request for a Variance. All meetings are held at 5:30 p.m. in the City Council Chambers of Huntington City Hall.

Signature of Property Owner	Date

*All applications to be submitted must be typed or legibly written in blue or black ink.

Board of Zoning Appeals	FOR OF	FICE USE ONLY	
 Approved Denied 	Date of Decision: Conditions:		
Planning Staff:		Title:	Date:

 FOR OFFICE USE

 Received:

 Staff Initials:

 Project Number:

Date