

# APPLICATION TO THE BOARD OF ZONING APPEALS

Return completed form and supplementary documents to:

City of Springfield  
Department of Community Development and Planning  
405 North Main Street  
Springfield, TN 37172

Telephone: (615) 380-8701 Fax: (615) 382-1612

Date Received: \_\_\_\_\_  
Official Use Only

Received By: \_\_\_\_\_  
Official Use Only

**Application Type:**

<input type="checkbox"/>	Variance	<input type="checkbox"/>	Temporary Use	<input type="checkbox"/>	Conditional Use
<input type="checkbox"/>	Appeal of Administrative Decision		<input type="checkbox"/>	Interpretation of Zoning Text/Boundary	
<input type="checkbox"/>	Other: (Specify) _____				

**1. Name and Address of Property Owner:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

**2. Name and Address of Authorized Agent:**  
(if other than owner, please attach a written authorization statement):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

**3. Location of Property:**

Address: \_\_\_\_\_

Tax Map \_\_\_\_\_ Group " \_\_\_\_\_ " Parcel \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot Number \_\_\_\_\_

Zoning District: \_\_\_\_\_

**3. Written Justification for Board of Zoning Appeals Request:**

*(Please note: if your request is for a variance, the standards for qualification as defined in Section 5 of this application form must apply pursuant to the Springfield Zoning Ordinance, Section 11-1305. Please describe your request with these requirements in mind. Use additional sheets if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Supplemental Requirements: Please provide the following supplemental items:

A. \_\_\_\_\_ Property Description (such as a property deed, survey, or description by metes and bounds).

B. \_\_\_\_\_ Site Plan or scaled drawing of the proposal depicting:

- \_\_\_\_\_ (a) all property lines
- \_\_\_\_\_ (b) total square footage or acreage of property
- \_\_\_\_\_ (c) existing structures
- \_\_\_\_\_ (d) total square footage of existing structures
- \_\_\_\_\_ (e) proposed structures
- \_\_\_\_\_ (f) total square footage of proposed structures
- \_\_\_\_\_ (g) distance of structures and proposals from property lines

C. \_\_\_\_\_ Application Fee (\$50.00 Non-refundable)

D. \_\_\_\_\_ Petition – a signed form or letter listing:

- \_\_\_\_\_ (a) all adjoining property owners names
- \_\_\_\_\_ (b) all adjoining property owners addresses
- \_\_\_\_\_ (c) all adjoining property owner's signatures
- \_\_\_\_\_ (d) an indication from all property owners expressing support either in favor or against the request before the Board of Zoning Appeals.

5. Standards for Variances

- \_\_\_\_\_ (1) The particular physical surroundings, shape, topographic conditions of the specific property involved that would result in a particular hardship upon the owner as distinguished from a mere inconvenience, if the strict application of this ordinance were carried out must be stated;
- \_\_\_\_\_ (2) The conditions upon which the petition for a variance is based would not be applicable, generally, to other property within the same district;
- \_\_\_\_\_ (3) The variance will not authorize activities in a zone district other than those permitted by this Title;
- \_\_\_\_\_ (4) Financial returns only shall not be considered as a basis for granting a variance;
- \_\_\_\_\_ (5) The alleged difficulty or hardship has not been created by any person having an interest in the property after the effective date of this Title;
- \_\_\_\_\_ (6) That granting the variance requested will not confer on the applicant any special privilege that is denied by this Title to other lands, structures, or buildings in the same districts;
- \_\_\_\_\_ (7) The variance is the minimum variance that will make possible the reasonable use of the land, building, or structure;
- \_\_\_\_\_ (8) The granting of the variance will not be detrimental to the public welfare or injurious to other property or improvements in the area in which the property is located; and
- \_\_\_\_\_ (9) The proposed variance will not impair an adequate supply of light and air to adjacent property, substantially increase the congestion in the public streets, increase the danger of fire, endanger the public safety, or substantially diminish or impair property values within the area.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Official Use Only: Case Number: _____ BZA Meeting Date: _____		
I hereby certify that a review of this application, the proposed site, the supplemental requirements, and the standards for BZA action pursuant to this application _____ qualifies or _____ does not qualify for BZA action under the terms of the Springfield Zoning Ordinance. Reasons for disapproval are indicated on this application form.		
_____ Signature	_____ Title	_____ Date