INSTRUCTIONS FOR FILING OF BOARD OF ZONING APPEALS APPLICATION

All applications for the Board of Zoning Appeals (BZA) shall be filed with the Community Development Office, at least 21 days prior to the regularly scheduled BZA meeting. The deadline for applications will be no later than 12:00 noon on TUESDAY, ________________ __ __ __ in order to be heard by the Board of Zoning Appeals the following month. The following must be attached to the completed BZA application:

1. **Application fee of $150.00.** The application fee includes the cost of advertisement for the meeting. The applicant will be allowed one continuance/postponement without additional cost. If the applicant postpones or requests a continuance more than once, the applicant will be responsible for a proportionate share of cost of the advertisement for the subsequent meeting. The applicant is required to pay $25.00 to the City for the cost of advertising the new meeting date prior to advertising the meeting. If the applicant desires to postpone/continue the case longer than three (3) months past the originally scheduled meeting, the applicant will be required to submit a new application, including a new application fee. **The application fee for an appeal from an administrative decision regarding stormwater management is $200.00 (Municipal Code Section 14-511).** **Special Called Meetings require a $300.00 fee.**

2. **A letter of explanation providing details on who, what, where, and why the request is being made, and any additional information that would be helpful as the Board considers the request.** Refer to Zoning Ordinance Section 16.10, Power of the Board of Zoning Appeals, for guidance.

3. **Documentation to support the request.** This may include, but shall not be limited to, a survey or drawing to-scale of the subject property, including the existing and proposed site conditions affecting the request; complete description of proposed uses and improvements to the property; and photographs. Construction drawings and building elevations are required for variance requests for, but not limited to, pools, additions, carports, and accessory buildings. Please note in some instances, foundation surveys may be required.

4. **All applications shall have the proper signatures, including the property’s owner signature.**

Completed applications will be heard at a meeting of the Board of Zoning Appeals, and the applicant or their authorized representative is required to attend. If you have any questions regarding the aforementioned requirements, about the eligibility for review by the BZA, or regarding the conduct of the BZA meetings, please contact the Community Development Department at (865) 425-3531.

BOARD OF ZONING APPEALS

DATE: ____________________________

PLACE: MUNICIPAL BUILDING COURTROOM

TIME: 6:00PM

The signature below acknowledges receipt by the applicant and/or his/her duly authorized representative of the above referenced data.

APPLICANT/REPRESENTATIVE

DATE
CITY OF OAK RIDGE
BOARD OF ZONING APPEALS APPLICATION

Case No. __________

<table>
<thead>
<tr>
<th>Address of Property</th>
<th>Lot No.</th>
<th>Block No.</th>
<th>Zoning District</th>
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Check Appropriate Description:

☐ Special Exception is requested in accordance with Section(s) __________________ of the Zoning Ordinance in order to do the following: __________________

☐ Variance is requested to Section(s) ______________ of the Zoning Ordinance in order to do the following: _______

_________________________________________________________________________________

Explain hardship caused by the Zoning Ordinance:

_________________________________________________________________________________

☐ Administrative Review is requested to appeal the decision of the Building Official regarding Sections ______________ of the Zoning Ordinance. Explain reasons for appeal: __________________

_________________________________________________________________________________

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<thead>
<tr>
<th>Name of Applicant</th>
<th>Mailing Address of Applicant</th>
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<tr>
<th>Phone Number</th>
<th>Email</th>
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Applicant is: Owner  Lessee  Contractor  Architect/Engineer

<table>
<thead>
<tr>
<th>Name of Owner</th>
<th>Mailing Address of Owner</th>
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In making this request the applicant states that the information is given is, to the best of his/her knowledge, true and accurate. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact, either with or without intention on his/her part, shall constitute sufficient grounds for denial of this request.

Signature of Owner ___________________________

Date ___________________________

Signature of Applicant (if different) ___________________________

NOTE: Board of Zoning Appeals meets on the second Tuesday of each month at 6:00 p.m. in the Courtroom of the Municipal Building.

Receipt No. ___________________________  Verified by __________(initials)  Date Received _____________