

**CITY OF ST. JOHNS
ZONING BOARD OF APPEALS
APPLICATION**

PURSUANT TO THE ST. JOHNS CITY CODE, CHAPTER 51 AND ITS AMENDMENTS, OTHERWISE KNOWN AS THE ZONING ORDINANCE, I HEREBY MAKE APPLICATION TO APPEAL THE RULING OF THE ZONING ADMINISTRATOR CONCERNING THE ABOVE ORDINANCE.

TAX ROLL NUMBER _____

DATE _____

PROPERTY ADDRESS _____

PROPERTY OWNER _____

LEGAL DESCRIPTION _____

ADDRESS _____

TELEPHONE _____

APPLICANT _____

ADDRESS _____

TELEPHONE _____

LOT FRONTAGE _____

DEPTH _____

PRESENT ZONING _____

PRESENT USE _____

REQUESTED VARIANCE WOULD ALLOW _____

ATTACH A SEPARATE SHEET IF NECESSARY

I HEREBY CERTIFY THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

SIGNATURE OF OWNER

ON THE BACK OF THIS FORM DRAW A PLOT PLAN. SHOW PROPOSED AS WELL AS EXISTING BUILDINGS AND INCLUDE THEIR DIMENSIONS. SHOW THE DISTANCES BETWEEN ALL BUILDINGS AND THE LOT LINES.