



**CITY OF WAYNE
ZONING BOARD OF APPEALS (ZBA)
APPLICATION**

Property Address: _____

Parcel ID: _____

Zoning Classification: _____

Planning Commission: () No () Yes Date: _____

Applicant Name: _____

Owner Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____

Describe what is being proposed:

Why is the proposal being denied? (To be completed by the City)

Requires: () variance () Other _____

What is the practical difficulty, other than financial that makes it hard for this proposal to meet

City Code: (Additional pages may be added):

What are the unique circumstances that make this different from other properties:

Date: _____

Applicants Signature: _____

Date: _____

Owner's Signature: _____

- Please provide 21 sets (original + 20 copies) of the plot plan must be attached.
- A representative for this case must attend the ZBA meeting.
- Applicant represents that if the appeal is granted, applicant has the ability and will proceed within 6 months of approval. ____ (Applicants Initials)
- Applicant agrees to grant access to the property in question to the Building Department for purposes of documentation and photographing. ____ (Applicants initials)