**APPLICATION TO**

**THE MARYVILLE BOARD OF ZONING APPEALS**

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| **City of Maryville**  **Development Services Department**  **416 W. Broadway Avenue (located on the ground level)**  **Maryville TN 37801**  **(865)273-3500, Fax (865)273-3525**  [**www.maryvillegov.com**](http://www.maryvillegov.com)   |  |  | | --- | --- | | John Jagger, Director of Development Services | Ext. 3500 | | Dave Prichard, Senior Planner | Ext. 3507 | | Scott Poland, Land Development Administrator | Ext. 3509 | | Jackie Newton, Planning Assistant | Ext. 3502 | | Rachael Allmon, Administrative Assistant | Ext. 3500 | |

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| **Board of Zoning Appeals Members**  **(city residents appointed by the city mayor and confirmed by city council)**  Dede Christopher, Chair  Suzette Donovan, Vice-Chair  Mike Brown, Secretary  Gary Best  James Tomiczek |

**2016**

**MARYVILLE BOARD OF ZONING APPEALS**

**SCHEDULE**

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| **Submittal Date**  **(4TH Monday by noon)** | **Meeting Date\***  **(3rd Thursday)** |
| December 28 (2015) | January 21 |
| January 22 | February 18 |
| February 22 | March 17 |
| March 28 | April 21 |
| April 25 | May 19 |
| May 23 | June 16 |
| June 27 | July 21 |
| July 25 | August 18 |
| August 22 | September 15 |
| September 26 | October 20 |
| October 24 | November 17 |
| November 28 | December 15 |

\*Subject to change

**Instructions for Completing Application**

1. Submit completed application by noon on the **4th Monday** along with the non-refundable fee payable to the City of Maryville. (See below)

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| **Activity** | **Fee** |
| Special Exception Request | $150.00 |
| Planned Unit Development | $150.00 |
| Impact Overlay District | $150.00 |
| Variance or any other request to BZA | $150.00 |
| Telecommunications Towers/Antennas Review | $1,000.00 or cost of review, whichever is  greater |

1. If you are requesting a called meeting, the same procedures apply with the exception of the submittal deadline. Once you have paid the $500.00 called meeting fee and submitted the application, the planning office will call the board and a meeting will be scheduled at the earliest date that a quorum can be present and notification requirements can be met. Each agenda item shall constitute a separate item and shall therefore be subject to a separate called meeting charge as outlined in the section above.
2. Be sure that the application has been completely filled out. The Board will base their decision on the criteria that deals with the questions on the application. If a question is not applicable, please draw a line through the space provided or mark “n/a” (not applicable). **The Board is not required to hear applications that are incomplete**. The burden of presenting a complete application to the Board shall be upon the applicant.
3. The meetings are the **3rd Thursday of each month at 5:00 p.m.** in the council chambers located on the middle level of the Maryville Municipal Center, 400 W. Broadway. **YOU OR YOUR REPRESENTATIVE MUST ATTEND THE MEETING; OTHERWISE, THE BOARD WILL NOT HEAR THE ITEM.**

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| **For office use only:**   |  |  | | --- | --- | |  | Completed application |  |  |  | | --- | --- | |  | Fee paid |  |  |  | | --- | --- | |  | Eight copies of Application and any accompanying documents | |

**Application**

**To**

**The Maryville Board of Zoning Appeals**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | Applicant: |  | Date: |  |  |  |  | | --- | --- | | Mailing Address: |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Phone: |  | Fax: |  | Email: |  |     **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***   |  |  | | --- | --- | | Address for Property: |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Tax Map Number: |  | Group: |  | Parcel: |  |   (*May be obtained from web site* [*www.assessment.state.tn.us/SelectCounty.asp*](http://www.assessment.state.tn.us/SelectCounty.asp) *or Blount County Property Assessor’s Office 273-5850)*  **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***  Please complete the following information if the applicant is not the property owner.   |  | | --- | | List below legal authority by which applicant may submit application (i.e. lessee, agents, contract vendee): | |  |  |  |  | | --- | --- | | Property Owner: |  |  |  |  | | --- | --- | | Property Owner’s Address: |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Phone: |  | Fax: |  | Email: |  | |

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| |  |  |  | | --- | --- | --- | | Type of Submittal (check one): | Telecommunication Tower |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Special Exception |  | Variance |  | Administrative Appeal |  | |

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|  | Applicant’s Signature Date |

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| Please give a detailed description of the request and reason for submittal. |
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**THIS SECTION FOR SPECIAL EXCEPTIONS ONLY**

Please read the criteria below and address each with a detailed response. Attach additional information/documentation as necessary.

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| Describe how your proposed use will support the harmony and character of the area. |
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| List: how the property will be used; lighting, paving, and access requirements; expected traffic; and hours of operation. |
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| Discuss the impact your proposal will have on public services/facilities. (Utilities, schools, police, fire, garbage collection and streets.) |
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**THIS SECTION FOR VARIANCES ONLY**

Please read the criteria below and address each with a detailed response. Attach additional information/documentation as necessary.

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| Explain how the hardship relates to your land, rather than personal circumstances. (Is hardship due to topography issues, exceptional shape, or extraordinary circumstances?) |
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| Describe how this is a hardship unique to you rather than one suffered by neighbors or the general public. |
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| Explain if the property can be reasonably used without a variance. |
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**THIS SECTION FOR ADMINISTRATIVE APPEALS ONLY**

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| Please list the section of the ordinance for which the appeal applies and describe in detail your reason for the appeal. |
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