

**BOARD OF ZONING APPEALS
APPLICATION
CITY OF CLARKSVILLE, TENNESSEE**

APPLICANT: _____

AGENT: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

LOCATION OF THE REQUEST

ADDRESS: _____

SUBDIVISION: _____ **LOT NO.:** _____

TAX PROPERTY MAP NO.: _____ **PARCEL:** _____ **ZONE:** _____

WARD NUMBER: _____

DESCRIPTION OF THE REQUEST

VARIANCE

(Title 11 Section 11.2 of the Official Zoning Ordinance)

Applicant is requesting a _____ foot variance from the required _____ foot setback
in order for the structure/addition to be _____ feet from the _____ property line.

REMARKS: _____

Applicant/Agent's Signature: _____

Application Received by: _____ **Date:** _____

Fee Amount: \$200.00. Deadline: 2nd Wednesday of month at noon. Check # _____ Receipt # _____
100 South Spring Street \ Clarksville, TN 37040 [931] 645-7426 option #2 \ Fax [931] 645-7430
www.cityofclarksville.com