

**APPLICATION TO APPEAR BEFORE THE
COVINGTON BOARD OF ZONING APPEALS**

Location of Property:

Street Address: _____ Zoning: _____

Map# _____ Parcel# _____

Map of the Property (Please attach a scaled drawing)

Applicant:

Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

Reason for Application:

_____ Administrative Review (No Charge)

_____ Special Exceptions (\$100.00 application fee)

_____ a. Lot of Record

_____ b. Front Yards

_____ c. Non-conforming Uses

_____ d. Uses Permitted on Appeal

_____ Variance (\$100.00 Application Fee)

Explanation:

**I HEREBY CERTIFY THAT THE STATEMENTS ON THIS APPLICATION AND ANY
MAPS, DRAWINGS OR OTHER ACCOMPANYING DATA SUBMITTED WITH THIS
APPLICATION ARE TRUE AND CORRECT. ANY MISREPRESENTATION OF
INFORMATION SHALL BE GROUNDS FOR REVOCATION OF ANY DECISION OF
THE COVINGTON BOARD OF ZONING APPEALS.**

SIGNATURE: _____ DATE: _____

SOMEONE MUST BE PRESENT AT MEETING TO REPRESENT APPLICATION

Date of Meeting: _____ Time: _____

Meeting Location: Covington City Hall, 200 W. Washington Ave. Covington, TN

Application Fee: \$ _____ Check# _____ Cash _____ Credit Card _____

Date Paid: _____ Accepted by: _____