

BOARD OF ADJUSTMENT APPLICATION
LINCOLN COUNTY/CEDAR CREEK PLANNING COMMISSION

Date: _____ Hearing Date: _____

Owner: _____

Phone: _____

Property Location: _____

Name and address of all adjoining property owners: LIST PROVIDED BY APPLICANT

Zoning Classification: _____

_____ Conditional Use _____ Variance

Specify Conditional Use/Variance: _____

The undersigned has read and completed the above application and does hereby certify that all information contained therein is true and correct and does hereby request that necessary legal steps be taken to submit such request to the Board of Adjustment for consideration at the above indicated hearing date. Legal representation is required.

Signature of Applicant

Date

Signature of Board of Adjustment Chairman

Date

The Lincoln County/Cedar Creek Board of Adjustment has:

_____ approved this request as indicated in the finding of facts document attached

_____ denied this request as indicated in the findings of facts document attached

Date: _____ Fee collected: _____ Initials: _____

Method of Payment: _____ Check _____ Money Order _____ Other