

CITY OF PORTLAND BOARD OF ZONING APPEALS

100 South Russell Street
Portland, TN 37148
Phone: 615.325.6776
Fax: 615.325.5345

Property Owners Name: _____

Mailing Address: _____

Phone: _____

Location of Property: _____

Zoning of Property: _____

REQUEST

- Conditional Use Permit
- Dimensional Variance Permit
- Appeal Administrator's Decision

Describe the request being made and the reason the request is needed:

Property Owner Signature _____ Date _____

Representative of Applicant _____ Date _____

REQUIRED ATTACHMENTS:

1. Copy of deed to property and plat
2. Names and Addresses of all adjoining property owners of land that this property touches – this includes across the road, both sides of property, and behind property.

Date Received _____

Hearing Date _____ Action _____