

**CITY OF MANCHESTER, TENNESSEE**

**DEPARTMENT OF HEALTH AND CODES**

200 W. Fort Street

Manchester, TN 37355

931-723-1464

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**SPECIAL EXCEPTION/VARIANCE APPLICATION**

**FEE: \$100**

**DATE:** \_\_\_\_\_

**MEETING DATE:** \_\_\_\_\_

**CASE #:** \_\_\_\_\_

**TIME OF MEETING: 5:30 P.M.**

**APPROVAL**

**LOCATION: CITY HALL MEETING ROOM**

**DISAPPROVAL**

**NO ACTION TAKEN**

**BOARD OF ZONING APPEALS**

Name of Property Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I hereby request to the Manchester Board of Zoning Appeals:

Special Exception

Variance

Intended Use: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Zoning of Property: \_\_\_\_\_

Property Tax Map No: \_\_\_\_\_ Group: \_\_\_\_\_ Control Map: \_\_\_\_\_ Parcel No. \_\_\_\_\_

Is this property in a Flood Hazard Area per FIRM Map No. 47031C0- \_\_\_\_\_

Map Revised: August 4, 2008.

Note: \_\_\_\_\_

I do hereby, certify that the information given above is accurate/correct to the best of my knowledge

\_\_\_\_\_  
Signature of Owner/Authorized Agent

Rezoning instruction sheet received

Site Plan checklist received