



A Grand City **with CHARMING SCALE**

Board of Zoning Adjustment

APPLICANT: _____

MAILING ADDR: _____

CITY STATE ZIP: _____

PHONE: _____

PROPERTY OWNER: _____

OWNER ADDR: _____

CITY STATE ZIP: _____

OWNER PHONE: _____

ADDRESS FOR APPEAL: _____

☐ HOME OCCUPATION

NATURE OF APPEAL:

☐ SETBACK VARIANCE

☐ SIGN VARIANCE

☐ USE PERMITTED ON APPEAL

☐ APPEAL OF ADMINISTRATIVE DECISION

☐ OTHER

☐ SURVEY FOR VARIANCES ATTACHED

☐ DRAWINGS FOR VARIANCES ATTACHED

******* Applicants or Duly Appointed Representative MUST be present in order for the case to be heard*******

DESCRIBE APPEAL IN DETAIL: (INCLUDE DIMENSIONS, # FT FOR VARIANCES, # FOR PARKING, HARDSHIP, TYPE OF BUSINESS)

Applicant Name(print) _____

Signature _____

Representative Name(print) _____

Signature _____

Date _____

If applicant is using a representative for the request both signatures are required.

Office Use
Received By _____
Zone _____
Hearing Date _____
Approved/Disapproved _____



HOME OCCUPATION QUESTIONS

CHECK YES OR NO FOR EACH QUESTION

1. Is the occupation* applied for (administrative office, making of crafts, sewing, etc.,) conducted entirely within the dwelling? YES ___ NO ___
**note: This refers to only the work being done at your home.*
2. Does the occupation produce sounds, colors or other audible or visible evidence of a home occupation being present? YES ___ NO ___
3. Is there advertising on the premises or your vehicles? YES ___ NO ___
4. Is more than one room within the home used for the home occupation? YES ___ NO ___
5. Are there any explosives or highly combustible materials used or stored within the home in connection with this home occupation? YES ___ NO ___
6. Does the home occupation produce any electrical interference, smoke, dust, or noise, which may be offensive? YES ___ NO ___
7. Is there any increase in traffic connected with this home occupation? YES ___ NO ___
8. Will there be any more than one sales party at you home per quarter related to this home occupation? YES ___ NO ___
9. Will this home occupation result in increased parking demands? YES ___ NO ___
10. Will there be any deliveries to the home other than the usual common carrier trucks serving a residential area such as UPS, FedEx, Airborne Freight? YES ___ NO ___
11. Will there be any employees of this home occupation other than members of the family living in the home? YES ___ NO ___

SIGNED: _____ DATE: _____

ADDRESS: _____



BOARD OF ZONING ADJUSTMENT

The Board of Zoning Adjustment of the City of Decatur holds its regular meetings on the **last Tuesday** of each month at **4:00 P.M.** in the Council Chambers on the first floor of City Hall.

The application to the Board must be completed and returned to the Building Department by the **10th of the month** to be heard on the **last Tuesday**.

The **\$50 filing fee** must be paid in the City Clerk's office on the first floor and **a paid receipt brought back to the Building Department when the application is turned in.**

The \$50 filing fee is **non-refundable after the case is advertised.**

You or your authorized agent **must** be present at the meeting in order for your application to be heard.

Thank you,

BOARD OF ZONING ADJUSTMENT
P. O. Box 488
Decatur, AL 35602

BOARD OF ZONING ADJUSTMENT
City of Decatur

\$50 FEE FOR ADVERTISING for the location address of:

This fee is to be paid in the City Clerk's office on the first floor of City Hall.