



**City of Bessemer**  
Zoning Board Of Adjustment

TELEPHONE \_\_\_\_\_  
APPLICANT \_\_\_\_\_  
OWNER \_\_\_\_\_  
LOCATION OF PROPERTY \_\_\_\_\_

DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_

(Street and Number / Subdivision and Lot Number)

**NOTE:** Fill in Section 1, 2, or 3 as appropriate. Do not fill in more than one of these sections. This application is not acceptable unless all required statements have been made. Additional information may be supplied on separate sheets if the space provided is inadequate.

**SECTION 1** **APPEAL FROM DECISION OF BUILDING OFFICIAL**  
Relation to the enforcement of the Zoning Ordinance

Describe decision of the Building Official from which appeal is made: \_\_\_\_\_

Provision of the Zoning Ordinance or district boundary in question: \_\_\_\_\_

**SECTION 2** **APPLICATION FOR AN ADJUSTMENT**  
As Required by the Zoning Ordinance

Provision of the Zoning Ordinance Requiring a Special Exception in this case: \_\_\_\_\_

Description of proposed use showing justification for a Special Exception: \_\_\_\_\_

**SECTION 3** **APPLICATION FOR AN ADJUSTMENT**  
As Required by the Zoning Ordinance

Provision of the Zoning Ordinance from which an adjustment is requested: \_\_\_\_\_

Peculiar or unusual conditions which justify an adjustment is requested: \_\_\_\_\_

<b>STATUS</b>	Date	Signed
Building Permit Number _____	_____	_____
Date this Application Filed _____	_____	APPLICANT
Notice of Hearing _____	_____	DECISION
Advertised On _____	_____	Granted
Date of Hearing _____	_____	Application or appeal denied in accordance with terms of the following resolution: _____
Notice Mailed To _____	_____	

Date \_\_\_\_\_  
\_\_\_\_\_  
Chairman, Zoning Board of Adjustment