

CITY OF CLINTON
BOARD OF ADJUSTMENT APPEAL
PLANNING DEPARTMENT



Please note: The Clinton Planning Board meets on the 3rd Monday of each month. Completed applications must be received by the 25th of month prior to when the appeal is to be heard. For example, to be heard at the February Planning Board meeting, a completed application must be received by January 25th. Applications submitted after the deadline will be heard at the next regularly scheduled meeting. A \$200 non-refundable application fee is due at the time of application submittal, applications will not be accepted without this fee being paid.

A. APPLICANT/OWNER INFORMATION

Applicant Contact information:

Name: _____

Mailing address: _____

Telephone: _____

Email: _____

Owner Contact Information (if different from applicant):

Name: _____

Mailing address: _____

Telephone: _____

Email: _____

Professional Representative Information (i.e. Attorney, Engineer, etc.)

Name: _____

Firm: _____

Mailing address: _____

Telephone: _____

Email: _____

B. PROPERTY INFORMATION

Address: _____

City: _____

State: _____

Zip Code: _____

Parcel ID #: _____

Deed Book: _____

Page: _____

Current Zoning Classification of Property: _____

Current Use of Property: _____

Describe the purpose of the appeal: _____

E. SIGNATURES

I _____, the undersigned applicant, do hereby certify that to the best of my knowledge and belief all information supplied in and with this application is true and accurate. I also agree to adhere to any additional conditions placed on this permit by the Clinton City Council.

Applicant Signature

Date

Applicant Signature

Date

Property Owner Signature

Date

Property Owner Signature

Date

Office Use Only

Received By:

Date:

Case Number: