

**Town of Vonore**  
**Board of Zoning Appeals**  
**Application for Special Exception Request**

APPLICANT NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

DESCRIPTION OF PROPERTY:

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parcel(s) No.: \_\_\_\_\_ Tax Map No.: \_\_\_\_\_ Size of Tract: \_\_\_\_\_

Zoning District: \_\_\_\_\_

SPECIAL EXCEPTION REQUEST(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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As part of the special exception approval process, all special exception applicants shall notify via U.S. Mail all adjacent property owners of the Board of Zoning Appeals meeting on the special exception request.

As part of this application, submit proof of compliance with the minimum special exception requirements.

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I hereby certify that the above information is accurate and complete and I am the applicant or the legal representative of the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date