

# APPLICATION REQUEST FOR MEETING ZONING BOARD OF ADJUSTMENT

*www.bluegrassia.org*

NOTICE: THIS APPLICATION MUST BE TYPED OR PRINTED

**CITY OF BLUE GRASS  
114 N. MISSISSIPPI ST.  
BLUE GRASS, IA 52726**

**PHONE: (563) 381-4700  
FAX: (563) 381-2801**

NAME OF APPLICANT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL #: \_\_\_\_\_

REASON FOR REQUESTING A MEETING WITH THE ZONING BOARD OF ADJUSTMENT:

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

(ADDITIONAL SHEETS MAY BE ATTACHED IF NECESSARY)

SIGNATURE OF APPLICANT: \_\_\_\_\_

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

\$300.00 DEPOSIT MUST ACCOMPANY APPLICATION - DEPOSIT PAID \$ \_\_\_\_\_

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