



# APPLICATION FOR SPECIAL MEETING PLANNING AND ZONING BOARD OF ADJUSTMENT

CITY OF TIFFIN 300 RAILROAD STREET P.O. BOX 259

TIFFIN, IA 52340

(319) 545-2572 FAX: (319) 545-4147

Applicant Name: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_

Reason for special meeting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date & Time Requested: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Special Meeting Approved \_\_\_\_\_ Date of Special Meeting: \_\_\_\_\_ Time: \_\_\_\_\_  
Board Members Notified \_\_\_\_\_

Fee Paid \_\_\_\_\_ Payment method ( \_\_\_\_\_ CC \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ )

City Official \_\_\_\_\_ Date : \_\_\_\_\_