



APPLICATION FOR SPECIAL EXCEPTION TIFFIN ZONING BOARD OF ADJUSTMENT

Date: _____ Permit _____

City of Tiffin 300 Railroad St. P.O. Box 259 Tiffin, IA. 52340 Phone: (319) 545-2572 FAX: (319) 545 -4147

Applicant must complete all items listed below and sign application.

Location of Property: _____		Sub-Division & Lot #: _____	
Property/Business Owner's Name: _____			
Address of Owner: _____			
Street Address	City	State	Zip
Telephone : ______or_____			

PLEASE PROVIDE AN EXPLANATION OF EACH OF THE FOLLOWING CRITERIA AS REQUIRED FOR THE GRANTING OF A SPECIAL EXCEPTION

Will the special exception cause congestion in public streets beyond what would normally be expected from the proposed use? Explain.

Will the special exception cause overcrowding of the land beyond what would normally be expected from the proposed use? Explain.

Will the special exception impair the adequate supply of light and air to adjacent properties? Explain.

Will the special exception burden the water, sewer, school, park or other public facilities beyond what would be normally expected from the proposed use? Explain.

Additional Details:

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to possible revocation of permits, and any such penalties as may be prescribed by law.

Applicant's Signature: _____ **Date:** _____
Month Date Year