

**City of Fayetteville**  
**Sub-Division/Zoning Ordinances**  
**Board of Zoning Appeals Application**



110 Elk Ave. South  
Fayetteville, TN 37334  
Phone - (931)433-2565 Fax - (931)433-2557

Project Location: \_\_\_\_\_

**Describe the Grievance in Writing & Pictures: Provided 4 Copies (Must Be Completed)**

**Owner Information: (Must Be Completed)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**Contractor Information: (Must Be Completed, If Different From Owner)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ License #: \_\_\_\_\_

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

License Classification: \_\_\_\_\_ Monetary Limit: \$ \_\_\_\_\_ Expiration: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**A copy of current State of TN Contractor's License (if project valuation is \$25,000 or greater), and Certificate of Worker's Comp Insurance with City of Fayetteville listed as certificate holder must be submitted at time of application for permit. Affidavit of Exemption or Certificate of Exemption from the Secretary of State is acceptable.**

**Design Professional Information: (Must Be Completed)**

Please Circle Applicable: Architect/Engineer/Other

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Individual Name: \_\_\_\_\_ License #: \_\_\_\_\_ Email: \_\_\_\_\_

**14-806 Board of Zoning and Appeals**

In accordance with Section 13-7-205, Tennessee Code, a Fayetteville Board of Zoning Appeals, is hereby established.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

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

Print Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Title: (Owner, Owner Representative, Contractor Representative) \_\_\_\_\_