



Town of Argyle Zoning Board of Adjustment Application

PLEASE PRINT	
Date of Application:	
Property Location/Address:	
Lot:	Block: Subdivision:
Current Use and Zoning:	Requested Variance:
A metes and bounds description must be attached if the request is for a portion of a platted lot or the property is not platted	
Property Owner information	
Name:	Owner Signature:
Address:	Work Phone:
City/State/Zip:	Phone:
Fax:	Email:
Contact Name:	Contact Number:
Applicant / Developer Information	
Name:	Applicant Signature:
Address:	Work Phone:
City/State/Zip:	Phone:
Fax:	Email:
Contact Name:	Contact Number:
Engineer Information	
Name:	Engineer Signature:
Address:	Work Phone:
City/State/Zip:	Phone:
Fax:	Email:
Contact Name:	Contact Number:
Surveyor Information	
Name:	Surveyor Signature:
Address:	Work Phone:
City/State/Zip:	Phone:
Fax:	Email:
Contact Name:	Contact Number:

FOR OFFICE USE ONLY	
Date Received:	Application Fee:
# of Signs:	ZBA Date:
Employee:	Application Filed:
Cash / Check # / CC:	