

Town of Avoca
P O Box 203
Avoca, Arkansas 72711
Office: 479-621-5921
Zoning Official: 479-621-7748

Variance Application

Applicant

Name: _____ Date: _____

Property owned by: _____

Mailing address: _____

Physical/911 address: _____

Telephone: _____ Mobile: _____

Parcel # or legal description: _____

Summary of request: _____

**Applicable fee due with application (payable to Town of Avoca)
(Applicant is responsible for all publication fees, if applicable)

Applicant's signature _____ Date _____

Property Owner signature _____ Date _____

Zoning Official

Present zone: _____

Present use: _____ Proposed use _____

Date filed: _____ Public hearing date: _____

Board of adjustment action? _____ Date: _____

Application fee _____ Other fees: _____

Summary of request made by applicant: _____

Other information _____

Board of Adj/Planning Chairmen Signature _____

Zoning Official or Mayor Signature _____

Date: _____

Approved: _____

Denied: _____

(If denied – reason): _____

****graphic representation must accompany application**