



**CITY OF FOUNTAIN INN
BOARD OF ZONING APPEALS
APPLICATION**

Owners: _____ Address: _____

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Agent: _____ Address: _____

Do hereby petition for a variance of the zoning ordinance of Fountain Inn, South Carolina

Request: _____

Tax Map Number: _____

Property Location: _____

Bordering: _____

Acreage: _____

Filing Fee: **\$100.00** Paid by: _____ Receipt#: _____

Attachments: _____

Signatures of owner(s) _____

By _____ Agent

Date: _____

Contact Number(s): _____

Mailing Address: _____
