



OXFORD

PLANNING
DEPARTMENT

APPLICATION FOR SPECIAL EXCEPTION

Applicant's Name _____

Mailing Address _____

Address of Property in Question _____ **PPIN #** _____

Telephone Number (s) Day _____ **(Night)** _____

Interest in Property () Owner () Leaseholder () Option to Purchase () Other

Application for Special Exception is being made under Section _____ **of Zoning Ordinance**

Property is zoned _____

Describe in detail the proposed Special Exception being sought _____

Explain how the proposed Special Exception would be in harmony with the character of the neighborhood and not detrimental to other property or persons in the neighborhood

Attach a map or sketch of what you propose including applicable measurements along with a filing fee made payable to the City of Oxford.

Signature of Owner or Authorized Agent _____ **Date** _____

FOR CITY USE ONLY

Date Filed _____

Date of Public Hearing _____

Decision of Board of Adjustment _____

Effective Date _____

Zoning Administrator

Date