



The City of  
**NORTH LITTLE ROCK**  
 OFFICE OF COMMUNITY PLANNING  
 120 Main St. • North Little Rock, AR 72114-2134  
 Phone (501) 975-8835 • Fax (501) 975-8837

## Application to the Board of Zoning Adjustment on a Request for Reasonable Accommodations

The signer(s) of this application request from the Board of Adjustment of the City of North Little Rock, Arkansas as outlined in the Zoning Ordinance of the City of North Little Rock on a request for reasonable accommodations. (A development plan/site plan must be provided to staff at the time of submittal.)

Please provide an explanation of the conditions of the request for reasonable accommodations (attach separate sheets if necessary):

This request for reasonable accommodations involves the following legally described property (an attached map may be used):

It is requested that a hearing be held on this matter, in which the applicant must appear in person to present to the Board sufficient evidence as to why the application of a land use, zoning or building regulation policy practice or procedure restricts fair housing opportunities.

We, the undersigned, do attest to the truth and correctness of all facts and information presented with this application.

Applicants information:

Name of current property owner: \_\_\_\_\_

Applicant's name: \_\_\_\_\_ Status: Owner [  ] Agent [  ]

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

I, \_\_\_\_\_ the owner of the subject property, authorize \_\_\_\_\_

\_\_\_\_\_ to submit this application in this request before the Board of Adjustment.

Office Use Only:
Case No.
Date Filed
Received by

Office Use Only:
Date of Public Hearing: