



APPLICATION FOR VARIANCE

(CHECK ONE & INCLUDE SUPPORTING MATERIAL ON CHECKLIST)

ZONING
 DEVELOPMENT
 BUILDING
 SIGN

ADDRESS OF PROPERTY:		ACREAGE OF SITE:	
LEGAL DESCRIPTION (SUBDIVISION, SECTION, LOT NUMBER):			
PROPERTY OWNER:	CONTACT NAME:	TELEPHONE:	E-MAIL:
MAILING ADDRESS:		CITY:	STATE ZIP CODE
PROJECT ENGINEER FIRM:	CONTACT NAME:	TELEPHONE:	E-MAIL:
MAILING ADDRESS:		CITY:	STATE ZIP CODE
PROJECT FOR WHICH VARIANCE IS SOUGHT:		APPLICABLE SECTION/SUBSECTION OF ORDINANCE:	
SPECIFIC USE OF THE PROPERTY:		EXISTING USES OF ADJACENT PROPERTIES:	

(FOR CITY USE ONLY)

SUBMITTAL VERIFICATION/INSPECTION AUTHORIZATION:	
<p>That I, as owner or duly authorized officer of the property hereinafter referenced, do hereby execute this document, acknowledge the above statements to be true and accurate to the best of knowledge, and understand that knowing and willful falsification of information will result in rejection of my application and may be subject to criminal prosecution. I have received, read and understand the terms and conditions of this request, and agree to compliance with all applicable codes and ordinances of the City. I authorize the City or their representatives to visit and inspect the property for which this application is being submitted.</p>	
<hr style="width: 80%; margin: 0 auto;"/> <p>APPLICANT SIGNATURE</p>	
<hr style="width: 40%; margin: 0 auto;"/> <p>PRINTED NAME</p>	<hr style="width: 40%; margin: 0 auto;"/> <p>DATE</p>

PERMIT NUMBER:
AMOUNT RECEIVED:
NOTES: