



VARIANCE REQUEST APPLICATION

****Fee: \$300.00 (Non-Refundable)**
(May require "Hardship Letter")

(PLEASE PRINT)

NOTE: Please submit this application at least 10 working days prior to Council regular meeting.

Date applied: _____

Address of property for variance request: _____ Current Use: _____

Legal description of property: _____

Applicant's Name: _____ Square Lot(s) Subdivision Contact Phone No. _____

Applicant's Address: _____ E-Mail _____

Owner's Name: _____ Contact Phone No. _____

Owner's Address: _____ E-Mail _____

Type variance requested: Yard Height restriction Lot area per family Other (See Code Sec. 58-65. - Variances.)

Explanation: _____

Reason for request: _____

APPROVED FOR PRESENTATION

Planning and Zoning Official approval

Approval date

Remarks: _____

I AFFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Property Owner

Property Owner (PRINT NAME)

Applicant's Signature

Applicant (PRINT NAME)

Date