

# VARIANCE REQUEST



DATE FILED: \_\_\_\_\_ FEE PAID \$ \_\_\_\_\_

\$100.00

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Address at Variance Requested \_\_\_\_\_

\_\_\_\_\_

Variance Requested and Reason:

\_\_\_ Sign \_\_\_ Setbacks \_\_\_ Building Size \_\_\_ Accessory Bldg. \_\_\_ Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization of Request:**

Must have letter of authorization from owner for requesting the variance if not the owner.

\_\_\_\_\_  
Applicant Date

REQUEST SUBMITTED TO: \_\_\_\_\_

Date