



Office of Community Development

Administrative Variance Application

Name of Applicant: _____ Phone: _____ Date: _____

Address Applicant: _____ Fax: _____ Pager/Cell: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Check Applicable Box: **Height** **Front Setback** **Rear Setback** **Side Setback** **Other**

Current Standards: _____ Proposed Standards: _____

Reason for Request: _____

Location: _____

Zoning District: _____ Size of Tract: _____ Acre(s) Land Lot Number(s): _____ District(s): _____

Property Tax Parcel Number: _____ **(Required)**

Please submit the following required documents: Signed Survey Conceptual Site Plan

I hereby certify that the information in this document is correct. I understand by failing to abide by the request or exceeding the maximum limitation granted by the Community Development Manager, I will be held liable and will be subject to penalties and/or fines.

Signature of Owners/s

Printed Name of Owners/s

Signature of Agent

(For Office Use Only)

Total Amount Paid \$ _____ Cash _____ Check # _____ Received by: _____ *(FEES ARE NON-REFUNDABLE)*

Application checked by: _____ Date: _____

Denied **Approved** Manager's Signature: _____ Date: _____

