VARIANCE REQUEST APPLICATION

APPLICANT:

NAME: _____ DATE: _____
ADDRESS: _____ CITY/ST/ZIP: _____
PHONE: _____ EMAIL: _____

PROPERTY ADDRESS: _____
PIN/TAX MAP #: _____

Nature of Variance: (write below or attach)

Attached: Site Plan / GIS Map Printout

Variance Number: _____ Fee Paid: _____ Date: _____

Taken By: _____ Council District: _____

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