



VARIANCE REQUEST FORM

AMOUNT DUE \$25.00
Receipt No./Date Paid _____
AMOUNT DUE \$200.00 (Public Hearing Fee)
Receipt No./Date Paid _____

PLANNING AND ZONING COMMISSION MEETING: _____
DATE: _____

PLANNING AND ZONING COMMISSION - CURRENT ZONING: _____

NAME: _____

ADDRESS: _____

PHONE: _____

LOCATION: _____

REQUEST AND REASON: _____

SKETCH AND MEASUREMENTS- include all property lines, improvements, streets, buildings, etc. and north arrow

Applicants Signature _____

Date _____