



# Community Development Department 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 Director and/or Planning and Zoning 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**  Planning Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

