



Notice of Variance Application

Date : \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Email address: \_\_\_\_\_

Address of Property being appealed:

\_\_\_\_\_  
**(Attach a copy of the tax map involved with the variance application.)**

Designated Zoning of Property: \_\_\_\_\_

Section of Code being Appealed: \_\_\_\_\_

Detailed reason for variance:

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Full Variance (\$675.00) or Administrative Variance (\$125.00)

Variance Application Fee: The applicant shall pay the application fee of \$\_\_\_\_\_.  
All fees and expenses must be paid in full prior to the public hearing on the  
proposed variance request notice. If the fees and expenses are not paid, the hearing  
will be postponed until payment has been made in full.

Application Fee Amount: \_\_\_\_\_ Check \_\_\_\_ Cash \_\_\_\_

Application received by City Manager's Office: \_\_\_\_\_