

VARIANCE REQUEST/APPLICATION

Name: _____ **Phone Number:** _____

Address: _____

Type of Request: _____

Standard Set Off: _____

Requested Set Off: _____

Date of Hearing: _____

Notice of Hearing Published: _____

Variance Granted / Denied? _____

Applicant:

Date:

A fee of \$275.00 is due at the time you submit your application. Should you wish to submit any additional information with your request, please include those documents with your application.

Upon receipt, a hearing will be scheduled before the Appeals Committee and I will notify you as to the date and time of that hearing. Should you have any questions regarding the form application, please contact me at 863-5523 or at michwallerius@gmail.com.