



# APPLICATION FOR SUBDIVISION VARIANCE

The Planning & Zoning Commission meets every 1st Wednesday of each month at 5:30 pm.

The City Commission meets every 1st and 3rd Tuesday of each month at 5:30 pm

FILE NO. \_\_\_\_\_

## GENERAL INFORMATION

Name of Subdivision: \_\_\_\_\_

Location: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

## VARIANCE TYPE:

Streetlights       YES       NO

Describe in detail the reason for the variance request:

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

Sanitary Sewer       YES       NO

Describe in detail the reason for the variance request:

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

Fire Hydrants       YES       NO

Describe in detail the reason for the variance request:

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

Setbacks       YES       NO

Describe in detail the reason for the variance request:

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

Drainage       YES       NO

Describe in detail the reason for the variance request:

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

Minimum Lot Size  YES  NO

Describe in detail the reason for the variance request:

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Sidewalks  YES  NO

Describe in detail the reason for the variance request:

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Easement Requirements  YES  NO

Describe in detail the reason for the variance request:

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Other \_\_\_\_\_  YES  NO

Describe in detail the reason for the variance request:

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**OWNER INFORMATION**

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**AUTHORIZATION AND ACKNOWLEDGEMENTS**

I certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable); and the following person listed below is my authorized agent to act on my behalf.

I certify that the above information is correct and complete to the best of my knowledge. I understand that I must comply with all applicable local, state, and federal regulations.

Owner Printed Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ is the authorized agent

Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent Printed Name: \_\_\_\_\_

**THIS PAGE FOR STAFF USE ONLY**

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Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Date Paid \_\_\_\_\_

P & Z Meeting \_\_\_\_\_ City Commission Mtg \_\_\_\_\_

Variance Granted: \_\_\_\_\_  
\_\_\_\_\_

General Comments: \_\_\_\_\_  
\_\_\_\_\_