



VA _____

APPLICATION FOR VARIANCE CONSIDERATION

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

REPRESENTING: _____ TITLE: _____

JOB ADDRESS: _____

REQUEST: (STATE REQUEST AND ATTACH LETTER OF JUSTIFICATION)

FEE: \$350

RECEIPT NO.: _____

I understand that this is an application only, and that this request may or may not be approved in accordance with guide lines set forth in City regulations. I further agree and understand that the fee paid is not refundable, regardless of the decision rendered.

SIGNED: _____ DATE: _____
(NAME)

(TITLE)