



APPENDIX M: APPLICATION FOR SUBDIVISION VARIANCES

Applicant Name: _____

Address: _____

Telephone: _____ FAX: _____

Name of subdivision: _____

Location: _____

Zoning District: _____

Application is hereby made for approval of variances to the following sections of the subdivision regulations: _____

Explain in detail the reasons for and facts supporting the requested variance: (Attach additional sheets if necessary.):

Applicant Signature: _____

Date: _____

Application Fee: _____ Date Paid: _____

Planning Commission Action:

Approved: Denied: Other Action:

Comments: _____

Date of Action: _____

Chairman's Signature: _____

Secretary's Signature: _____