



REQUEST FOR A VARIANCE

BOARD OF ADJUSTMENTS

(A copy of your current deed, property tax bill and/or survey may be required.)

Non refundable fee of \$250 due at time when application submitted

Date: _____

Application No. _____

Applicant's Name: _____

Applicant's Address: _____

Telephone No.: _____

Other No.: _____

Street address or location of proposed variance request: _____

Legal description of property of variance: _____

Type of variance requested: _____

Present zoning classification: _____

Action taken on any prior applications (for part or all of land): _____

List the names and address of All owners and occupants at the property:

Name Address

Name Address

Name Address

Name Address

Applicant's Signature Date

Please Do Not Write Below This Line

Sworn to and subscribed to me this ___ day of _____, 2003 by _____

Who personally appeared before me and produced _____ as identification.

Notary's Signature Date

City of Callaway's Notes

LDR section reference: _____

Setback requirements: Front: _____ Back: _____ Left: _____ Right: _____ Corner: _____

Proposed setbacks: Front: _____ Back: _____ Left: _____ Right: _____ Corner: _____

Planning Department's recommendation to the Board of Adjustments: _____

