

CITY OF SPRINGVILLE
APPLICATION FOR VARIANCE

Date application filed: _____

Applicant(s): _____

Phone Number(s): _____

Mailing Address: _____

Physical Address: _____

Owner: _____

Phone Number(s): _____

Mailing Address: _____

Tax Map Parcel Identification Number: _____

Acreage: _____

Current Zoning: _____ Current Land Use: _____

Signature of Applicant: _____

Signature of Owner: _____

Nature of Variance Request with reference to applicable zoning provisions:

FOR CITY USE ONLY

Check all required submissions with this application:

\$75 application fee Date received: _____ Receipt #: _____

Written reason for request

Vicinity map

Site plan

Scheduled hearing date: _____

Application received by: _____