

CITY OF LOVEJOY
VARIANCE APPLICATION

LEGAL OWNER OF LAND: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP CODE: _____
TELEPHONE NUMBER: _____
APPLICANT'S NAME: _____
APPLICANT'S ADDRESS: _____
APPLICANT'S TELEPHONE NO.: _____

VARIANCE REQUEST

REDUCE SETBACKS:
A. SIDEYARD _____ TO _____
B. FRONTYARD _____ TO _____
C. REARYARD _____ TO _____
INCREASE:
A. MAXIMUM HEIGHT _____ TO _____
OTHER:
A. _____

LOCATION

PROVIDE A LEGAL DESCRIPTION OF THE ENTIRE LOT OR TRACT TO WHICH THE
VARIANCE WOULD APPLY INCLUDING A PLAT OF THE PROPERTY AND THE
STREET ADDRESS, IF APPLICABLE.

LAND LOT _____ DISTRICT _____ ZONING _____
STREET ADDRESS _____
PROJECT NAME _____ LOT _____
SIGNATURE OF APPLICANT _____

ACTION TAKEN _____ BY _____
DATE OF ACTION _____
STIPULATIONS _____