CITY OF FLORENCE APPLICATION FOR ZONING VARIANCE

(\$100.00 Application Fee Required)

INSTRUCTIONS:

COMPLETE ALL INFORMATION AS APPLICABLE. SUBMIT TEN (10) SETS OF THE COMPLETED APPLICATION AND DATA TO THE ZONING ADMINISTRATOR AT LEAST FOURTEEN (14) CALENDAR DAYS PRIOR TO THE REGULAR PLANNING AND ZONING COMMISSION MEETING. YOU MUST BE PRESENT OR HAVE A REPRESENTATIVE FAMILIAR WITH YOUR REQUEST PRESENT AT THE PLANNING AND ZONING MEETING.

DATE:	*	
NAME OF APPLICANT:		
ADDRESS:		(*)
TELEPHONE NO.:		280
(1) DESCRIPTION OF VARIANCE DESIRED:	9	**
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(If additional space needed, write on back side)	,	
(2) PLEASE STATE THE CURRENT ZONING.	· ·	i a
(3) LOCATION AND DESCRIPTION OF SUBJECT PROPERTY FOR SEEKING A VARIANCE: (Please attach a copy of the legal descrip property.)		
(4) STATE YOUR INTEREST IN THIS PROPERTY. (Whether you ar property, potential purchaser, lessee, etc.)		
(5) SUMMARY OF SPECIAL CONDITIONS WHICH MAY JUSTIF	Y A VARIA	NCE
FROM EXISTING ZONING REGULATIONS:		E N

LANDSCAPING PLAN IS AVAILABLE PLI	
(Print Applicant's Name)	APPLICANT'S SIGNATURE
Application Fee Collected by: Cash	Check
LINDA WIGLEY, CITY CLERK	