

Application Fee: \$200.00
Receipt No: _____

CITY OF FLORENCE
APPLICATION FOR ZONING VARIANCE
(\$200.00 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 Planning and Zoning Committee meeting. You must be present or have a representative familiar with your request present at the meeting.

Date: _____

Name of applicant: _____

Address: _____

Telephone no: _____

Description of variance needed: _____

(if additional space is needed write on back of application)

Current zoning: _____

Location and description of property for which you are seeking a variance: _____

Your interest in this property: _____

(owner, lessee, potential purchaser, etc.)

Summary of special conditions which may justify a variance from existing zoning regulations: _____

State what measures will be taken for landscaping. If a landscaping plan is available, please attach. _____

Print Applicant's Name

Applicant's Signature

Community Development Director