



# WAIVER APPLICATION

FEE \$500.00 per request or requirement  
 Plus \$7 per adjoining property owner notice

Date: \_\_\_\_\_

PROJECT INFORMATION				
NAME OF PROJECT				
ADDRESS OF PROJECT				
PVA PARCEL IDENTIFICATION NUMBER			PROPERTY ZONING	
OWNER INFORMATION				
PROPERTY OWNER(S)				
ADDRESS, CITY, STATE, ZIP				
DAYTIME TELEPHONE ( )		FAX NUMBER ( )		E-MAIL
APPLICANT INFORMATION				
NAME OF APPLICANT				
ADDRESS, CITY, STATE, ZIP				
DAYTIME TELEPHONE ( )		FAX NUMBER ( )		E-MAIL
DESIGNATED CONTACT PERSON			DAYTIME TELEPHONE ( )	
WAIVER REQUEST				
Article:	Section:	Subsection:	Zoning Regulations: Yes /No	Subdivision Regulations Yes/No
Waiver Requested:				
Give a reason for the requested waiver:				

**ADDITIONAL WAIVER REQUEST**

Article:	Section:	Subsection:	Zoning Regulations: Yes /No	Subdivision Regulations Yes/No
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Waiver Requested:

Give a reason for the requested waiver:

**CERTIFICATION & SIGNATURE**

I (We) do hereby certify that the information provided herein is both complete and accurate to the best of my (our) knowledge, and I (we) understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

(Faxed, Photocopied or Scanned Signatures will NOT be Accepted)

**FOR OFFICE USE ONLY**

DATE RECEIVED		RECEIVED BY	
FILING FEE AMOUNT		CHECK #	CASH
ZONING	BEQ Yes / No	APPROVED Yes / No	DATE