



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 |
| 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 | | |