



DEPARTMENT OF PLANNING

APPLICATION FOR ADMINISTRATIVE DEVIATION

Project Address (Location) _____

Project Name _____ **Proposed Use** _____

Assessor's Parcel #(s) _____ **Ward #** _____

Zoning: existing _____

PROPERTY OWNER _____	Contact _____
Address _____	Phone: _____ Fax: _____
City _____	State _____ Zip _____

WE THE UNDERSIGNED ABUTTING PROPERTY OWNERS HAVE NO OBJECTION TO THE PROPOSED:

Name	Property Address	Owner Address	Signature

FOR DEPARTMENT USE ONLY

Property Owner Signature _____

Print Name _____

Subscribed and sworn before me

This _____ day of _____, 20 _____.

Notary Public in and for said County and State

Case #
Meeting Date: ADMINISTRATIVE
Total Fee - \$300.00
Date Accepted:
Accepted By: