



**CITY OF GRANDVIEW
APPLICATION FOR VARIANCE**
Please Print or Type

SECTION 1. APPLICANT/OWNER INFORMATION

Applicant/Developer: _____
Street Address: _____
City/State/Zip: _____
Daytime Telephone: _____ Fax: _____
Email address: _____

Applicant Status : (Check One) Owner Other (State Relationship) _____

Property Owner must sign below or submit a letter of authorization if Applicant is not the owner.

Owner: _____
Street Address: _____
City/State/Zip: _____
Daytime Telephone: _____ Fax: _____

Signature of Applicant Date Signature of Owner Date

SECTION 2. VARIANCE REQUEST INFORMATION

Legal Description: _____
Lot(s): _____ Block(s): _____
Subdivision Plat Name: _____

Proposed Variance: _____

Proposed Use of Property: _____

Justification/Reason for Requested Variance: _____
