



# LAWRENCEVILLE

Planning & Development

## ADMINISTRATIVE VARIANCE CONSENT

The applicant listed below has requested an administrative variance from the Code of the City of Lawrenceville, Development Regulations, Subdivision Regulations or Zoning Ordinance. As part of the application process, each owner of property sharing a common boundary with the subject property must consent to the granting of the variance. If adjoining property owners do not consent, the administrative variance application will not be accepted.

## APPLICANT INFORMATION

|                                    |          |            |  |
|------------------------------------|----------|------------|--|
| PROPERTY OWNER NAME:               |          |            |  |
| EMAIL:                             |          | PHONE:     |  |
| STREET ADDRESS:                    |          | SUITE:     |  |
| CITY:                              | STATE:   | ZIP CODE:  |  |
| DEVELOPMENT/SUBDIVISION NAME:      |          |            |  |
| PIN:                               | LOT NO.: | BLOCK NO.: |  |
| DESCRIPTION OF REQUESTED VARIANCE: |          |            |  |

## ADJOINING PROPERTY OWNER INFORMATION

|                                |          |                         |  |
|--------------------------------|----------|-------------------------|--|
| PROPERTY OWNER NAME:           |          |                         |  |
| EMAIL:                         |          | PHONE:                  |  |
| STREET ADDRESS:                |          | SUITE:                  |  |
| CITY:                          | STATE:   | ZIP CODE:               |  |
| DEVELOPMENT/SUBDIVISION NAME:  |          |                         |  |
| PIN:                           | LOT NO.: | BLOCK NO.:              |  |
| DO NOT OBJECT TO THE VARIANCE: |          | OBJECT TO THE VARIANCE: |  |

COMMENTS (as applicable):

|                                    |        |      |        |
|------------------------------------|--------|------|--------|
| _____<br>SIGNATURE OF OWNER        |        | DATE | (SEAL) |
| SWORN TO AND SUBSCRIBED BEFORE ME, |        |      |        |
| THIS                               | DAY OF | 20   |        |
| _____<br>NOTARY PUBLIC SIGNATURE   |        | DATE |        |