



P.O. Box 369 (Mail)
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Application Date: _____

APPLICATION FOR SIGN VARIANCE CHAPTER 3

--APPLICANT IS EXPECTED TO ATTEND ALL PUBLIC MEETINGS TO ANSWER QUESTIONS RELATED TO THIS VARIANCE APPLICATION--

SECTION I. *APPLICANT INFORMATION*

NAME OF APPLICANT: _____

APPLICANT ADDRESS: _____

CONTACT TELEPHONE #: _____

STATUS OF APPLICANT: OWNER _____ AGENT _____ (IF AGENT, ATTACH LETTER OF AUTHORIZATION)

SECTION II. *PROPERTY DESCRIPTION*

PHYSICAL ADDRESS: _____

LEGAL DESCRIPTION: _____

SIGN DIMENSIONS: _____

REASON FOR VARIANCE REQUEST: _____

Office Use Only: