

Zoning Office 200 1st St NE, PO Box 616 Waverly, IA 50677 (319) 352-9208

For Office Use Only
Date Application Received
Date Fee Paid

Variance Application

Provide the following items to the prior to the scheduled meeting month.			
☐ Completed Variance Ap	plication		
☐ Completed Building Peri	mit with Site Plan		
☐ Copy of the Property De	ed		
☐ Submit a nonrefundable	\$150.00 fee		
Property Information			
Address:			
	Zoning District:		
Legal Description:			
Applicant Information Name:			
Address:			Zip:
Phone: ()	Email:		
Owner Information (If different Name:			
Address:	City:	State:	Zip:
Phone: ()	Email:		
Decisions granted or denied b following the filing of the Board remains effective in conforman	's decision with the City	y Clerk. A variance	



Write a statement detailing the variance you are requesting and why you are requesting the variance. (Please attach letter if lengthy).				
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Signature of Applicant:	_			
Signature of Owner (If different from Applicant):				