



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 City of Waverly Zoning Office no later than **14 days** prior to the scheduled meeting date. Meetings are held on the 2nd Monday of each month.

- Completed Variance Application
- Completed Building Permit with Site Plan
- Copy of the Property Deed
- Submit a nonrefundable \$150.00 fee

Property Information

Address: _____

Parcel ID _____ Zoning District: _____

Legal Description: _____

Applicant Information

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Owner Information (If different than Applicant)

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Decisions granted or denied by the Board of Adjustment shall take effect 15 days following the filing of the Board’s decision with the City Clerk. A variance, if granted, remains effective in conformance therewith for a period of one year.



Write a statement detailing the variance you are requesting and why you are requesting the variance. (Please attach letter if lengthy).

Signature of Applicant: _____

Signature of Owner (If different from Applicant): _____