



WAIVER REQUEST FORM

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Address of Proposed Waiver: _____

Reason for request and circumstance causing conflict: _____

Applicant's Signature

Date

City Council Action: Approved _____ Disapproved _____

Date: _____

Planning and Zoning Director: _____