DEVIATION APPLICATION
DEVIATIONS NOT ALLOWED IN OVERLAY ZONES

CEP # _____

APPLICATION INFORMATION	
Date:	Received By:
Address of request:	
City/State/Zip:	

PROPERTY OWNER INFORMATION	
Property Owner Name:	
Address:	
City/State/Zip:	
Phone:	Email:

APPLICANT/AGENT INFORMATION	
Applicant/Agent Name (Owner letter of Authorization required):	
Business Name:	
Address:	
City/State/Zip:	
Phone:	Email:

DEVIATION APPLICATION REQUIREMENTS

MUST INCLUDE: □ SITE PLAN □ ANY ADDITIONAL SUPPORTING DOCUMENTS
6-4(N)(3) Decision-making body may approve Deviation if **all** following requirements are met:
CHECK BOX IF REQUIREMENT IS MET

□ 6-4(N)(3)(a) Applicant's site is subject to site constraints not generally shared by surrounding properties or site was platted or developed in an unusual pattern when compared to abutting properties
Explanation:_____

□ 6-4(N)(3)(b) Site constraints were not created by actions of property owner or another interested party.
Explanation:_____

□ 6-4(N)(3)(c) Request is for single site and is not part of a pattern of similar requests for adjacent properties or for nearby sites by the same property owner or within the same subdivision, Framework Plan area, or Master Plan Area.
Explanation:_____

□ 6-4(N)(3)(d) Approval of deviations will not cause material adverse impacts on surrounding properties.
Explanation:_____

□ 6-4(N)(3)(e) Requested deviation will not result in a violation of any Overlay zone standard.

APPLICANT-OWNER SIGNATURE

By signing below I confirm that I am the owner or agent (with owner's letter of authorization) of above-listed address and all information contained in this application is true and correct to the best of my knowledge.

Applicant/Owner Signature:	Date:

OFFICIAL USE ONLY

UPC Number:			
Lot:	Block:	Zone:	Map Page:
Previous zone:		Landfill buffer: Yes □ No □	
Subdivision:			
APO:	CPO:	HPO:	VPO:
Mapped Area:	Master Dev Plan: Yes □ No □	Site Dev. Plan: Yes □ No □	
UC - AC - MS - PT - MT - MX-FB: Yes □ No □			
List any current or prior project and case history numbers:			
□ APPROVED □ DISAPPROVED **BY:**		**Date:**	

PLEASE USE BACK OF PAGE IF MORE ROOM IS NEEDED FOR JUSTIFICATION AND REFERENCE EACH CODE

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