TOWN OF GARFIELD
ZONING CODE VARIANCE APPLICATION

APPLICANT:

NAME:_____

ADDRESS:_____

TELEPHONE:_____ EMAIL:_____

CIRCLE ONE: OWNER LESSEE AGENT PURCHASER

PROPERTY OWNER: (If different than applicant)

NAME:_____

ADDRESS:_____

TELEPHONE:_____ EMAIL:_____

PROPERTY LOCATION: (General or common address)

_____

Please include drawing of proposed project, including property lines, setbacks, building dimensions, fences, and any parking.

ZONING DISTRICT: _____

VARIANCE REQUESTED: (State Garfield City Code section(s) involved, and give description of and reason for request_____

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_____

All information provided in this application is said to be true under penalty of perjury by laws of the State of Washington.

_____ _____

Applicant's Signature Date

Fee: $50

OFFICE USE ONLY

Date Application Received:_____

Date Application Accepted As Complete:_____