



CITY OF DULUTH ADMINISTRATIVE VARIANCE APPLICATION

AV# _____

Application Date: _____

Fee: _____

Applicant Information

Name: _____

Address: _____

E-mail Address: _____

Phone Number: _____

Fax Number: _____

NOTE: Applications containing ANY missing information will not be accepted for review.

Owner Information

Name: _____

Address: _____

E-mail Address*: _____

Phone Number: _____

Property Information

Present Zoning: _____

Overlay Zoning: _____

Address: _____

Parcel ID Number: _____

Use of Property: _____

Parcel Area: _____ Acres / Square Feet

Variance Information

Ordinance: _____ Section: _____

Description: _____

Applicant's Justification Statement (Attach Additional Sheet if Necessary):

Applicant Signature

Date

Owner Signature

Date

Official Action: Approval Denial | Date of Official Action: | / / _____

OFFICIAL USE ONLY

DIRECTOR, DEPARTMENT OF PLANNING & DEVELOPMENT