

## APPLICATION FOR A ZONING VARIANCE CITY OF LOUISVILLE

Date	Site Address	
Name of Property Owner(s)		
Name of Applicant (if different)		
Address		
Contact Number		
Nature of Variance:		
Supporting Information:		
·	ing and proposed structures	ns and shape of the lot, the size and s, and any natural or topographic
B. Plans and specification	ons for all proposed develop	oment and construction.
C. Non-refundable fee.		
I certify that the information cor	ntained in this application ar	nd its supplements is true and correct.
Applicant's Signature		Date
For Office Use Only: Zoning Di	istrict Lot #	Parcel #
Listing of property owners and mailing addresses within, contiguous to and directly across the street from the proposed use.		