



REQUEST FOR VARIANCE TO THE CITY OF LONGVIEW SUBDIVISION ORDINANCE

Applicant: _____ (Name) (Address, City and Zip)

_____ (Phone) (E-Mail Address)

Property Owner/Developer: _____ (Name) (Address, City and Zip)

_____ (Phone) (E-Mail Address)

_____ subdivision request a variance from compliance with the following provision(s) of the City of Longview Subdivision Ordinance Section _____ Subsection _____

Describe variance request: _____

Why should the variance be approved? What is the hardship? _____

The description of the property involved in this Appeal is as follows:

Description of Property: _____ (Legal Description and Description of location)

Zoning District: _____ Proposed Use: _____

(Appellant's Signature) (Date)

FOR OFFICE USE ONLY
APPLICATION FEE: \$232.00
CASE NO: _____
PERMIT NO: _____