

Your representative must be present at the meeting

Street address		Cοι	Council District/ Map a		and Parcel #	
				Road Frontage		
	(street or	streets)				
Applicant				Owner		
Phone #			Phone #			
Request Typ	e: (check one) Varianc	e Conditional Use				
•	•	• • • • • • • • • • • • • • • • • • • •		posed, manner of operation, ater and sewer use, and sim		
State relation	nship of structure and	or use to existing structure	es and uses on a	adjacent lots;		
State reason	for request and how	it complies with the Zoning	Ordinance sect	ion 1425.5(1)-(10) & 1430.6	(1)-(8):	
proposed pa		as, height and setbacks of a		luding without limitation, ex uildings, and location and nu	_	
State the par	rticular hardship that v	would result from strict app	olication of this	Ordinance:		

For any application for an overlay district, a Certificate of Appropriateness or a letter of support from the Historic Preservation Commission or the Corridor Design Commission for the district is required.

Documents to be submitted with request:					
Recorded deed	Application Fees:				
Survey plat	\$100 Single Family				
Site plan to scale	\$300 Multi Family				
Proof of current tax status	\$200 Commercial				
Each applicant has the duty of filing a disclosure report	with the City if a contribution or gift totaling two hundred and				
fifty dollars (\$250.00) or more has been given to an office	cial of the City of Monroe within the last two (2) years.				
. , ,	complete and accurate. Applicant hereby authorizes Code operty for all purposes allowed and required by the zoning				
SignatureDate	atureDate:				
PUBLIC NOTICE WILL BE PLACED A	AND REMOVED BY THE CODE DEPARTMENT				
SIGN WILL NOT BE REMOVED	UNTIL AFTER THE COUNCIL MEETING.				
*Property owners signature if not the applicant					
Signature	Date:				
	Date:				
Notary Public					
Commission Expires:					
I hereby withdraw the above application: Signature	Date				