

## Administrative Adjustment Application

<b>OFFIC</b>	IAL I	JSE	ON	LY:
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UDO Number:
Date Filed:
Amount Paid:
Received By:

Contact Inforn	nation			
	Property Owner	Applicant		AGENT FOR APPLICANT
Name:			Name:	
Address:			Address:	
Telephone: _			Telephone:	
Email:			Email:	
Property Infor	ION OF PROPERTY OWNI mation	ER GIVING CO	NSENT TO AGE	NT (Y/N/NA):
Total Parcel(s)	Acreage:			
Existing Land U	Jse of Property:			
Proposed Lanc	d Use of Property:			
Request				
Required Maxi Additional Cor	imum Height: nments (Limit 200 Char	_ Reque acters, use s	sted Height:	if needed):
		Setback N	Modification	
Demoderal Carl	Front		Side Corner	
Required Setb Requested Set				
•	nmonts (Limit 200 Char	<u> </u>		

Narrative (Limit 1400 Characters, use separate sheet if needed):	
Please write a short narrative of the request including your reason for seeking a adjustment.	in administrative
I, the undersigned, do hereby certify that all of the information presented in th accurate to the best of my knowledge, information, and belief.	is application is
Further, I hereby authorize county officials to enter my property during reason for purposes of determining zoning compliance. All information submitted and this application process shall become public record.	
Property Owner(s)/Applicant*	Date
*Note: Forms must be signed by the owner(s) of record, contract purchaser(s) having a recognized property interest. If there are multiple property owners/signature is required for each.	• • • •

2 Rev. 08-17-2020