

Date of Application: ____/____/____

**CITY OF HAMMOND
985-543-3220**

APPLICATION FOR VARIANCE TO DUMPSTER ORDINANCE #

NAME OF PROPERTY OWNER/APPLICANT: _____

BUSINESS NAME (if applicable): _____

Address of Property Involved: _____

Site Location or Legal Description: _____

of Dumpsters: _____

DESCRIBE THE NATURE AND NEED FOR THE VARIANCE:

Applicant Name (printed or typed): _____

Applicant Mailing Address: _____

Applicant Phone Number: (_____) _____

X _____
Applicant Signature

_____/_____/_____
Date

FOR OFFICIAL USE ONLY

Variance Approved

Variance Denied

X _____
Building Official

_____/_____/_____
Date