VARIANCE APPLICATION
CITY OF HAMMOND

219 East Robert Street, LA 70401 / PHONE: (985) 277-5640/FAX (985) 277-5637

FILING DATE:____/____/____ **PERMIT#_____**

The next Board Meeting will be held on _____, 200_ at 5:00pm in the City Meeting Room, 312 East Charles Street. Application to be submitted to Zoning Board Secretary at least 8 days prior to the date of the next meeting. APPLICATION FEE: $25.00 (non-refundable)

(Please verify address w/City of Hammond GIS Dept.)

PROPERTY ADDRESS:_____
STREET # & STREET NAME

Where did you get this address? ☐*Post Office* ☐*City Building Dept.* ☐*911 Office* ☐*Other*_____

OWNER NAME (if different from "Applicant")_____
First Name MI Last Name

Owner Mailing Address:_____
Street Name/Street Number City State Zip

Telephone: (_____)_____ Fax: (_____)_____

Legal Description:_____

_____

APPLICANT NAME: _____
First Name MI Last Name

COMPANY NAME:_____ Owner Contractor Other

Applicant Mailing Address:_____
Street Name/Street Number City State Zip

Applicant Telephone: (_____)_____ Applicant Fax: (_____)_____

PERMIT INFO-ADDITIONAL INFO

PRESENT ZONING IS: AL B1 B2 C1 C2 C3 C4 C4A H I L R4 R5 R5S R8 R11 RA RP RS S

DESCRIBE HARDSHIP NEED FOR VARIANCE_____

_____

_____

_____

ALL INFORMATION ON THIS APPLICATION MUST BE COMPLETE AND ALL FEES PAID BEFORE THIS APPLICATION WILL BE ACCEPTED ON THE AGENDA FOR THE CITY OF HAMMOND PLANNING & ZONING COMMISSION.

X_____ _____
APPLICANT SIGNATURE DATE

X_____ _____
OWNER SIGNATURE DATE

X_____ _____
PLANNING COMMISSION CHAIRMAN DATE

********** FOR OFFICIAL USE **********
AMOUNT PAID$_____ CHECK#_____ CASH DATE PAID___/___/___
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APPLICATION REVIEWED BY: _____

NAMES & ADDRESSES OF ADJACENT PROPERTY OWNERS REQUIRED

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Revised 10-1-07