

VARIANCE APPLICATION
CITY OF HAMMOND

106 N CHERRY ST, HAMMOND, LA 70401 / PHONE: (985) 543-3220/FAX (985) 543-3229

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 ___/___/___

APPLICATION REVIEWED BY: _____

NAMES & ADDRESSES OF ADJACENT PROPERTY OWNERS REQUIRED
