



THE PONDS

Variance Request Form

Date: \_\_\_\_\_

Lot Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Applicant (Owner): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Change: *Attach sketch(s) and describe*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Owner/Applicant Signature

Submitted By: ( ) Owner ( ) Architect/Designer ( ) Builder