CITY OF TUMWATER

555 ISRAEL RD. SW, TUMWATER, WA 98501
(360) 754-4180
Email: cdd@ci.tumwater.wa.us

VARIANCE
Application

TUM -	DATE STAMP
_____	
_____ RCVD BY	

Application fee: $1000.00

SUBJECT PROPERTY

ADDRESS OF PROPERTY (COMPLETE): _____

PROJECT NAME: _____ PARCEL NUMBER(S): _____

APPLICANT *(please print neatly)*

NAME OF APPLICANT: _____

APPLICANT'S MAILING ADDRESS (COMPLETE): _____

APPLICANT'S TELEPHONE(S): _____ APPLICANT'S E-MAIL: _____

PROJECT REPRESENTATIVE

NAME OF PROJECT REPRESENTATIVE: _____

REPRESENTATIVE'S MAILING ADDRESS (COMPLETE): _____

REPRESENTATIVE'S TELEPHONE(S): _____ REPRESENTATIVE'S E-MAIL: _____

PROPERTY OWNER

NAME OF PROPERTY OWNER: _____

OWNER'S MAILING ADDRESS (COMPLETE): _____

OWNER'S TELEPHONE(S): _____ OWNER'S E-MAIL: _____

PROJECT DESCRIPTION *(attach additional sheets and documentation, as needed)*

_____

_____

_____

_____

I affirm that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site or am duly authorized by the owner to act with respect to this application. Further, I grant permission to any and all employees and representatives of the City of Tumwater and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. I agree to pay all fees of the City that apply to this application.

_____ _____
Signature of Applicant Date

Please attach the **Variance submittal checklist** to this Application.