

ARC VARIANCE RECOMMENDATION

Applicant's

Name: _____

Address: _____

Telephone: (home) _____

(other) _____

Description (detailed) of Variance Requested (attach any additional documentation or description necessary):

Member Signature _____

Date _____

ARC Recommendation _____

Date: _____

Allow _____

Deny _____

ARC Member Name: _____

ARC Member Name: _____

ARC Member Name: _____

Reason:
