## Special Use/Variance Request Hearing Forms

NAME:		
MAILING ADDRESS_		
PHONE:	(CELL)	
PROPERTY ID #:		
PROPERTY ADDRESS	:	
(if different from maili	:ng address)	
PROPERTY DESCRIP	ΓΙΟΝ:	
	RIANCE REQUESTED:	
CHECK / MONEY ORI	DER FROM PROPERTY OWNER:	
DATE RECEIVED:#	AMOUNT: \$500.00	
DATE OF HEARING:_		_
AMOUNT PAID TO HO	OLD HEARING (see back)	-
AMOUNT REFUNDED	TO PROPERTY OWNER:	