

# HENRY COUNTY PLANNING & ZONING DEPARTMENT

## PETITION FOR AN ADMINISTRATIVE WAIVER

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Agent's Address: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**The Applicant Named Above Affirms That They Are The Owner Or Agent Of The Owner Of The Property Described Below And Requests:** (PLEASE CHECK THE TYPE OF REQUEST AND FILL IN ALL APPLICABLE INFORMATION LEGIBLY AND COMPLETELY).

1. **\*Front yard set back (not to exceed a 10% reduction):** \_\_\_\_\_ \* (SURVEY REQUIRED SHOWING ENCROACHMENTS) - **5 copies**
2. **\*Side yard set back (not to exceed a 10% reduction):** \_\_\_\_\_
3. **\*Rear yard set back (not to exceed a 10% reduction):** \_\_\_\_\_
4. **\*\*Buffer 40ft to 20ft w/fence:** \_\_\_\_\_ \*\* Site Plan showing reduced buffer- **5 copies**
5. **\*\* \*Parking requirements 5 spaces or 5%:** \_\_\_\_\_ \*\*\* Site plan showing reduced parking-**5-copies**
6. **Other Requests** \_\_\_\_\_

**Please provide a written letter outlining the reason for the Administrative Variance request:**

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Address of property: \_\_\_\_\_ Lot # \_\_\_\_\_ Size of Tract: \_\_\_\_\_ acre(s), Zoning: \_\_\_\_\_

Land Lot Number(s): \_\_\_\_\_ District: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

Property Tax Parcel Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ if known (optional).

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Print Name of Agent

\_\_\_\_\_  
Print Name of Owner

### **(For Office Use Only)**

Total Amount Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Received by: \_\_\_\_\_ (**\$50.00 FEE PER REQUEST**)

Application checked by: \_\_\_\_\_ Date: \_\_\_\_\_ Maps Number(s): \_\_\_\_\_

Application **APPROVED/ DENIED** by Planning and Zoning Department Director or their designee.

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