



Administrative Adjustment Application

OFFICIAL USE ONLY:

UDO Number: _____

Date Filed: _____

Amount Paid: _____

Received By: _____

Contact Information

Property Owner	Applicant	AGENT FOR APPLICANT
Name: _____	Name: _____	Name: _____
Address: _____ _____	Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____	Telephone: _____
Email: _____	Email: _____	Email: _____

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____

DOCUMENTATION OF PROPERTY OWNER GIVING CONSENT TO AGENT (Y/N/NA): _____

Property Information

Physical Street Address: _____

Location: _____

Parcel ID Number(s): _____

Total Parcel(s) Acreage: _____

Existing Land Use of Property: _____

Proposed Land Use of Property: _____

Request

Building Height Modification

Required Maximum Height: _____ Requested Height: _____
 Additional Comments (Limit 200 Characters, use separate sheet if needed):

Setback Modification

	Front	Rear	Side Corner	Side
Required Setback:	_____	_____	_____	_____
Requested Setback:	_____	_____	_____	_____

Additional Comments (Limit 200 Characters, use separate sheet if needed):

Narrative (Limit 1400 Characters, use separate sheet if needed):

Please write a short narrative of the request including your reason for seeking an administrative adjustment.

I, the undersigned, do hereby certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief.

Further, I hereby authorize county officials to enter my property during reasonable business hours for purposes of determining zoning compliance. All information submitted and required as part of this application process shall become public record.

Property Owner(s)/Applicant*

Date

***Note: Forms must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants, a signature is required for each.**