APPLICATION FOR VARIANCE

			For Office Use	<u>e Only</u>
			ZBA Date:	
			Request For:	
			Variance	
			Non-conf	
			1 (on con	
1.	Address or general l	ocation of site: _		
2.	Subdivision	Block		Acres
3.	Current Zoning Clas			
4.	Proposed or existing	g use of the site (1	please be specific):	
5.	Request a variance t	o the following s	ections of the Ordin	nance:
	-	<u> </u>		

on	en paid to the City of Freeport, I also certify that I have bee informed rding variances as specified in the Ordinance of t is necessary for me or my authorized agent to ng.
Owner's signature:	
Owner's name:	
Address:	
City, State, Zip:	
In lieu of representing this request n authorize the person designated belo application, processing, representati designated agent shall be the princip	nyself as owner of the subject property, I hereby ow, to act in the capacity as my agent for the on, and/or presentation of this request. The oal contact person with the City (and vice versa) uirements, information or issues relative to this
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