



**CITY OF LOCUST GROVE**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
PETITION FOR AN ADMINISTRATIVE WAIVER

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

Name of Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please check the type of request and fill in all applicable information legibly and completely.

1. Front yard setback\* (not to exceed 5 feet): \_\_\_\_\_
2. Side yard setback\* (not to exceed 2 feet): \_\_\_\_\_
3. Rear yard setback\* (not to exceed 4 feet): \_\_\_\_\_
4. Height of building\* (not to exceed 5 feet): \_\_\_\_\_

**\*Survey required showing encroachments (1 copy)**

Please provide the reason for the Administrative Variance request:

\_\_\_\_\_  
\_\_\_\_\_

Address of property: \_\_\_\_\_ Size of tract (acres): \_\_\_\_\_

Lot # \_\_\_\_\_ Zoning: \_\_\_\_\_ Land Lot Number(s): \_\_\_\_\_ District: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Property Tax Parcel Number: \_\_\_\_\_ - \_\_\_\_\_

**The applicant named in this waiver affirms that they are the owner or agent of the owner of the property described above.**

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

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

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Printed Name of Owner

**(For Office Use Only)**

Total Amount Paid \$ \_\_\_\_\_ [ ] Cash [ ] Check # \_\_\_\_\_ Received By: \_\_\_\_\_ **(\$50 fee per request)**

Application checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Map Number(s): \_\_\_\_\_

Application **APPROVED / DENIED** by Community Development Director or designee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date