

Waiver of Landscaping

Application

Revised 12.18.2023

1. SITE INFORMATION					
Site Address:		City:		State:	ZIP:
Existing Zoning District:	Closest Intersection:		(LAT):	Geographical Coordinates: (LAT): (LONG):	
Site Legal Description:					
2. WAIVER REQUEST					
Select: Sites are not visible from the City Landscaping is unnecessary; the Other:			ent compound.		
Provide a brief description:					
3. APPLICANT					
Name:		Phone Number:		Email:	
Mailing Address:	iling Addross;		City:		ZIP:
		City.		State:	ZIF.
4. PROPERTY OWNER					
Contact Name:	Phone Number:		Email:		
5. SIGNATURES AND AUTHO	RIZATION				
Signature of Authorized Representative (Applicant):			Date:		
Name of Authorized Representative (Please Print):			Date:		