

Waiver of Landscaping Application Revised 12.18.2023

1. SITE INFORMATION					
Site Address:		City:		State:	ZIP:
Existing Zoning District:	Closest Intersection:		Geogra	Geographical Coordinates:	
			(LAT):	(LAT):	
			(LONG)	:	
Site Legal Description:					
WAIVER REQUEST					
2. WAIVER REQUEST Select: Sites are not visible from the City	nublic right-of-way or adia	ecent property			
☐ Landscaping is unnecessary; the			ant compound		
☐ Other:	Terromy materials effective	ny sorcon the equipme	in compound.		
Provide a brief description:					
Tovido a brior decomption.					
2 ADDI IOANT					
3. APPLICANT Name:		Phone Number:		Email:	
Mailing Address:	City:			State:	ZIP:
4. PROPERTY OWNER					
Contact Name:	Phone Number:		Email:		
5. SIGNATURES AND AUTHO	RIZATION				
Signature of Authorized Representative (Applica			Date:		
Name of Authorized Representative (Please Pri	rint):		Date:		
valle of Authorized Nepresentative (Flease Fillit).			Date.		