West Finley Township

Fee: \$25.00

Permit #: _____ Paid: _____

Rec'd: _____ by ____ Date: ____

VARIANCE PERMIT APPLICATION

Directions: Please complete the following and submit it to the township office with the completed BUILDING PERMIT APPLICATION. A **\$25 fee** must accompany this Variance Permit Application (cash or check payable to **West Finley Township**). This form must also be **NOTARIZED**. Any incomplete form will be returned to the applicant. The permit will be reviewed and approved/denied at the following Supervisors' monthly meeting. The office will contact the applicant after the meeting.

Name of Applicant:	Parcel Number: 680 -
Address:	Variance Requested:
City/State/Zip:	
Phone:	

Reason for Variance Request: Describe in detail and list specific requirement(s) which cannot be met.

Notarized Attestation: I, the below signed, attest that all information contained in this application to be true and correct, that the subject of this variance application will be used in accordance with the regulations set forth by West Finley Township, and that, as the applicant, I accept full responsibility for adhering to the limitations of this permit.

Signature of App	plicant:			Date:			
TO BE COMPLETED	D BY NOTARY:						
State of				County of	of		
This record was signed and acknowledged before me on this			me on this				
		(print name	of applicant).				
{SEAL o	or STAMP}		1				
					Signatur	e of Notarial C	Officer
					Title of Office: _		
					My Commission	Expires:	
Office Use Only:							
Final Approval: _							
	Chairman of	the Board	Building Co	de Officia	1	Date of Approv	val