



BANNING LEWIS RANCH METRO DISTRICT

Variance Request Form

Name: _____ Home phone _____
Address: _____ Cell phone: _____
Email: _____
Are you the homeowner? YES: _____ OR NO: _____

DESCRIBE THE REASON/S FOR VARIANCE REQUESTED:

_____ Initials: I understand that I must receive approval of the district in order to proceed.

_____ Initials: I understand that District approval does not constitute approval of the local building department and that I may be required to obtain any / all applicable City / County permits.

_____ Initials: I understand that the committee has 60 days to review the request.

Signature: _____ Date: _____

ACTION:

<input type="checkbox"/> APPROVED
<input type="checkbox"/> APPROVED SUBJECT TO: _____ _____
<input type="checkbox"/> DISAPPROVED FOR THE FOLLOWING: _____ _____

Design Consultant Signature: _____ Date: _____