

**TOWN OF DUPONT
BOARD OF APPEALS
VARIANCE APPLICATION**

VARIANCE REVIEW\$400
(fee is nonrefundable after application is submitted)

Property owner(s) Name & Address _____

Phone _____ fax# _____

Petitioners Name & Address _____

Phone _____ fax# _____

Email address/ Cell Phone of contact person: _____

Address or Location of Variance Request _____

Parcel(s) numbers _____

Property Zoning is now _____

Variance Requested _____

Justification for Variance request _____

7 copies of scaleable site plan has been submitted _____

Office use only

Has pre-application consultation been completed? _____

Date Variance was filed _____

Time Variance was filed _____

Person certifying date and time of submittal _____

Application Number _____