



WAIVER APPLICATION

Version 2022-06-01

Waiver #: _____

I. General Information

Applicant: _____ Date: _____

Address: _____

Phone #: _____ Email Address: _____

Plan Name: _____ Plan No: _____

Site Address: _____ GPIN #: _____

Rezoning/Special Use Permit#: _____ Exhibit Yes/No: _____

II. Specifics of Waiver Request

Section of DCSM to be waived: _____

Requirement(s):

Justification for waiver:



III. Development Services Action

Recommendation: Approval Denial

Branch Chief: _____ **Division Chief:** _____

Reason(s) for approval/denial:

Pro Rata Share Required: Yes No

Pro Rata Share Amount: \$ _____ **Watershed:** _____

IV. Additional Comments

V. Waiver Request Approval or Denial

Development Services Action: Approval of Waiver Denial of Waiver

Signature: _____ **Date:** _____
Reviewer

Signature: _____ **Date:** _____
Director or Designee