

City of Uhrichsville
State of Ohio

Request for Variance

Date: _____

Name of Person requesting change: _____

Name of Property Owner: _____

Address of Property: _____

Type of Variance being requested: _____

Telephone number of property owner (contact in case of any questions): _____

Please return to the:
Director of City Services

Type of Variance Granted: _____

Approved by the: _____

Director of City Services: _____

Date: _____

Comments:
