

SUBTITLE 25. Division 2 VARIANCE APPLICATION

DO NOT WRITE IN THIS SPACE:

TCP2 No.(s): _____ Planning Board Review Planning Director Review

Acceptance Date: _____ Agenda Date: _____ (For Planning Board Review Only) Project Reviewer: _____

This application is for variance requests related to Subtitle 25, Division 2. Use one variance request form for all required and/or requested variances to Subtitle 25, Division 2 associated with a TCP2 application. Variances associated with a “stand-alone” TCP2 application are submitted directly to the Environmental Planning Section. Variances associated with a Development Review application are submitted to DRD with the companion case. **A STATEMENT OF JUSTIFICATION ADDRESSING REQUIRED FINDINGS CONTAINED IN 25-119(d)(3) IS REQUIRED WITH THE VARIANCE APPLICATION.**

COMPANION DRD APPLICATION #: _____ Revision _____

Variance(s) Requested by WCO Section: [Example: 25-122(b)(1)(G) Specimen, Champion, and Historic Trees]:

Proposed Use, Activity, Revision, and Description of Request:

PROJECT NAME:		
Geographic Location (related to or near major intersection):		
Street Address (if available):		
Companion Case(s): (TCP1, TCP2, Preliminary Plan, Site Plan, or Special Exception)		
Total Area (acres): Area of Revision:	Tax Map/Grid:	Council District:
Total Number of Lots ____ and/or Parcels ____ No. of Revised Lots ____ and/or Parcels ____	WSSC Grid:	Election District:
Lot/Block/Parcel(s):	Tax Account #:	General Plan Growth Policy:
Planning Area #:	Municipality:	Police Division #:
Zone(s):	Overlay Zone(s):	Aviation Policy Area:
Environmental Strategy Area (ESA) (Plan 2035): ____ 1 ____ 2 ____ 3 ____ 4	Watershed Name: Watershed 8 Digit Code #:	Basin: ____ Anacostia ____ Potomac ____ Patuxent
Is this site in a Priority Funding Area (PFA)? ____ Yes ____ No	General Plan Tier (2002, Archived): _____	
Is there a historic site or resource on the subject property? ____ Yes ____ No	Historic Site ID: _____	
Has a Historic Area Work Permit (HAWP) application been filed with the Historic Preservation Commission? ____ Yes ____ No		
Property Owner Name(s), Address, Phone, & Email:	Contact Person Name, Address, Phone & Email:	

SIGNATURE (Signature required is either the property owner **OR** the property owner’s authorized representative)

 Signature Date Relationship to Property Owner

Printed Name