

**City of Ocean Springs
Planning Department
P.O. Box 1800
Ocean Springs, MS. 39566
Phone 228-875-4415 Fax 228-872-5427**

Office Use	
Date Received _____	
Received by _____	
App Fee Paid \$ _____	Chk or CC ? Chk # _____
Mail Fee Due \$ _____	
Mail Fee Paid \$ _____	Chk or CC?
Date Mail Fee Pd _____	Chk # _____

VARIANCE REQUEST APPLICATION

Submittal Requirements:

- Application
- Fee of \$50.00 (Fifty Dollars) must be paid at the time application is submitted
- Drawing showing requested variance, with dimensions

Date: _____

Name of Applicant: _____

Address: _____

Phone No. _____ Email Address: _____



Parcel Identification Number: _____

Property Owner (if different from Applicant): _____

Property Location for the Variance: _____

Type of Variance(s) Requested (setback, height, zoning extension, parking, etc.) _____

The purpose of this variance is to consider an application to allow: _____

Provide justification of the variance request. Justification must include exceptional narrowness, shallowness, shape of a specific piece of property, exceptional topographical conditions, or other extraordinary situation or condition for a specific piece of property.

Applicant Signature: _____ **Date** _____