

Village of Glandorf

Zoning Variance Request

Date: _____

Property Owner: _____

Variance Address: _____

Parcel #: _____

Phone #: _____

Reason for Request: _____

Signature: _____

Amount Paid (to be paid
before zoning mtg) \$ 150.00

Date Paid: _____

Check # _____

Village Officer: _____