CITY OF WINTHROP

VARIANCE PERMIT APPLICATION

APPLICANT INFORMATION

Name:_____

Address:_____

Phone #:_____

Email:_____

PROPERTY OWNER INFORMATION

Name:_____

Address:_____

Phone #:_____

Email:_____

SUBJECT PROPERTY INFORMATION

Street Address:_____

Complete Legal Description (attach additional sheet if necessary):

State exactly what is intended to be done on or with the property if the variance permit is granted:

Explain why you are requesting to use the property as described above:

Date:_____ **Applicant**: _____