

CITY OF CANNON BEACH

VARIANCE EXTENSION APPLICATION

| Please fill out this form | completely. Please type or print. | | |
|---------------------------|-----------------------------------|-----------|--|
| Applicant Name: | | | |
| Email Address: | | | |
| Mailing Address: | | | |
| | | | |
| Property-Owner Name: | : | | |
| | (if other than applicant) | | |
| Mailing Address: | | | |
| T. L L | | | |
| | | | |
| | | | |
| . , | (street address) | | |
| Map No.: | Tax Lot No.: | | |
| VARIANCE EXTENSION | REQUEST: | | |
| Description of t | the need for an extension. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Use extra sheets, if nec | essary, for answering the above o | juestion. | |
| Fee: \$500.00 | | | |
| Applicant Signature: | | Date: | |
| | ure: | | |
| of the constraint to the | | | |

If the applicant is other than the owner, the owner hereby grants permission for the applicant to act on his/her behalf. Please attach the name, address, phone number, and signature of any additional property owners. As Property Owner, my signature or an authorized applicant's signature, allows any duly authorized employee of the City to enter upon all properties affected by this permit for the purpose of follow-up inspection, observation, or measurement.

| For Staff Use Only: | | | | |
|---|--------------|--|--|--|
| Received on: | By: | | | |
| Fee Paid: | Receipt No.: | | | |
| Fees: | | | | |
| 803 - Planning \$500 (last updated March 2021) | | | | |