

Variance Request Form

(PLEASE WRITE LEGIBLY AND COMPLETE ALL REQUESTED INFORMATION)

Applicant: _____

Date: _____

Address of Unit: _____

Unit Model: _____

Owner's Name: _____

Cell Phone: _____

Email Address _____

Contractor (if applicable): See attached

Address: _____

Telephone: _____

Licensed: ___ Yes ___ No License No./State: _____

Insured: ___ Yes ___ No Carrier: _____

Prior work done in Fairlington: ___ Yes ___ No

County Requirements:

Have Building Permits been requested: ___ Yes ___ No

Has the Building Permit been issued: ___ Yes ___ No

Scope of Work:

Please provide a description of the remodeling/renovation to be done in the unit and the approximate timing of when the work will begin and conclude. Please attach a copy of the contractor's plans.

