

# 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.

