



City of Grenada
Planning & Zoning
108 S. Main St
Grenada, MS 38901
Phone: 662-227-3443
Fax: 662-227-2284

Zoning Ordinance Variance Request

| | | | |
|---|-------|-----------------------------------|------------------------------------|
| Name: | | Address: | |
| Phone: | | Type of Variance: | |
| Describe the request in detail: | | | |
| <p>I understand that completing this form does not guarantee that a variance will be granted and that I must obtain a building permit before any work can begin on my property. I also understand that any misrepresentation or false statements given will result in the denial of my request.</p> <p>Signed _____ Date: _____</p> <p>All Requests must be submitted by the Wednesday before the next Planning & Zoning Commission meeting to be included on the Agenda.</p> | | | |
| Planning & Zoning Use Only | | | |
| I have reviewed the variance request and my recommendation to the commission is : | | <input type="checkbox"/> Approval | |
| _____ | | <input type="checkbox"/> Denial | |
| Building Official: | _____ | Date: | <input type="checkbox"/> Undecided |

Attach any property layouts, designs, or other documents as necessary.