



**APPLICATION FOR WAIVER/VARIANCE REQUEST**  
**PLANNING AND ZONING DEPARTMENT**  
**P.O. BOX 310 – 4650 MAIN STREET**  
**ZACHARY, LA 70791**

DATE: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address \_\_\_\_\_

**Description of Waiver(s) Requested:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**(OFFICIAL USE ONLY)**  
**City of Zachary – Planning and Zoning Department**

Date Filed: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Council Date: \_\_\_\_\_  
Council Action: \_\_\_\_\_