



WRITTEN COMMENT  
ON  
APPLICATION FOR VARIANCE

Variance Number Commenting On: \_\_\_\_\_

**COMMENTOR INFORMATION**

Name of Commentor: \_\_\_\_\_

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

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

Representing: \_\_\_\_\_

Official Title/Position (if applicable): \_\_\_\_\_

**COMMENT**

Position: \_\_\_\_\_

Reason for Position: \_\_\_\_\_

Recommended Conditions If Approved:

Comment on Undue Hardship Claimed:

Comment on Impact to Public Health, Safety, or Welfare:

**ADDITIONAL INFORMATION**

Attachments:

By submitting this comment, I certify the information contained in this document is true, accurate, and complete.