



DRIVEWAY VARIANCE REQUEST FORM
CITY of CAPE GIRARDEAU

DEVELOPMENT SERVICES DEPARTMENT, 401 INDEPENDENCE ST, CAPE GIRARDEAU, MO 63703 (573) 339-6327

Applicant's Name

Applicant's Address

Property Address *(if different from Applicant's address)*

Phone

Fax

Email

Type of Variance

Residential

Commercial

Variance Location

Request/Reason:

CERTIFICATION

I certify that I am the Property Owner of Record, or an Agent authorized by the Property Owner to file this application on their behalf.

Applicant Signature

Date

OFFICE USE ONLY

Variance Granted:

YES

NO

Reason:

Engineer's Signature: _____

Date: _____