



Fee  
Date Received

**CITY OF FOWLER  
MINOR DEVIATION TO THE ZONING ORDINANCE  
APPLICATION NO**

1 Name of Applicant(s) \_\_\_\_\_

2 Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3 Phone No \_\_\_\_\_

4 Name of record owner(s) of property if different from applicant  
\_\_\_\_\_

5 Address of record owner(s) of property \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6 What is the location of the property of which the minor deviation is requested?

A. Street address, if available \_\_\_\_\_

B. The property is located on the \_\_\_\_\_ side of \_\_\_\_\_  
(north, east, south, west)

Street, between \_\_\_\_\_ Street and \_\_\_\_\_ Street.

C. Exact legal description and/or Assessor's parcel number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7 What is the existing zoning of the property? \_\_\_\_\_

8 Please give the number and a brief description of the section of the Zoning Ordinance from which you are requesting a minor deviation.

A. Zoning Ordinance Section No \_\_\_\_\_

B. Description of Section (you may attach a copy of the section instead of completing this question).

---

---

9 Please describe the nature of the minor deviation you are requesting.

---

---

10 An accurate scale drawing of the site and proposed minor deviation must be enclosed with the application. The drawing must be adequate to enable the City Superintendent to determine the compliance of the proposal with the requirements of the Zoning Ordinance.

11 Certification. The undersigned hereby certifies that he or she is the owner of the property for which the minor deviation is requested or he or she is the authorized representative of the owner and that the information presented in this application is correct.

---

Signature of Applicant

---

Date

---

Signature of Applicant

---

Date