



FLEXIBLE VARIANCE APPLICATION

City of Tupelo | Department of Development Services

Mail: P O Box 1485, Tupelo, MS 38802-1485

Phone: (662) 841-6510 Fax: (662) 841-6550

Email: permits@tupeloms.gov

MUNIS _____

Received By: _____

Date Received: _____

(for office use only)

Permit Fee: \$250 (Non-refundable)

A Pre-Application conference is required with a member of the Planning Division prior to application submittal. All materials required four (4) weeks prior to schedule Planning Committee Review. Meeting date and time to be determined by Development Services staff.

PROPERTY INFORMATION

PROJECT LOCATION:

(ADDRESS & PARCEL # REQUIRED): _____ / _____

REQUEST BY FLEXIBLE VARIANCE TO ALLOW: _____

RATHER THAN THE REQUIRED: _____

Project Acreage		Current Zoning		Existing Structures	Y N
Number of Lots		Proposed Zoning		Demolition Required	Y N
Minimum Lot Size		Current Land Use		Clearing Required	Y N
Maximum Lot Size		Proposed Land Use		Cut/Fill Required	Y N
Chickasaw Review	Y N	Overlay District	Y N	Proposed Signage	Y N
Flood Zone	Y N	Historic District	Y N	Other Zoning Requests	Y N
Suspect Soils	Y N	Special Use Standards	Y N		

Meeting Scheduled for _____, _____ at _____.
(for office use only) (day) (date) (time)

CONTACT INFORMATION

OWNER CONTACT INFORMATION:

Owner Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

APPLICANT CONTACT INFORMATION (if different than owner):

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s) _____

PLEASE SEE REVERSE SIDE

REQUIRED ATTACHMENTS (all required attachments must be submitted BEFORE a permit can be issued)

1. Minor Site Plan _____
2. Recorded deed; if owner and applicant are not the same, current lease and owner permission _____
3. Plat of the property sought to be rezoned, 82 X 112 inches in size, to scale showing dimensions thereof and width of any streets contiguous thereto. _____
4. Subdivision, Accessory Use, Rezoning, Commercial or Residential Construction Application _____

In support of the application, you must show in detail that the proposed use:

1. Is in harmony with the area and is not substantially injurious to the value of the properties in the general vicinity;
2. Conforms with all special requirements applicable to the use;
3. Will not adversely affect the health or safety of the public; and
4. Has obtained the minimum passing score for the Development Review Checklist, Section 12.3.

For approved Criteria, see Development Code Section 12.12.2(7)

I hereby certify the above information is true and correct and completed in accordance with the Tupelo Development Code. I further understand that if I am not the property owner, notarized permission from the property owner is required for the application to be processed. I understand that if I or my representative does not attend the Planning Committee meeting, the application could be tabled or denied.

Applicant Signature: _____ **Date:** _____