

**Administrative Modification to a
Setback Regulation
160.660 Types and Standards**

Office Use Only

Date: _____

Checked By: _____

Approval: _____

Address or General Location: _____

Legal Description: _____

In Form _____ of the _____ Zoning District.

Standards Reached Prior to Modification _____

Approval of Director of Planning and Building Services

Director Signature _____ **Date** _____

Applicant/Company Signature: _____ **Date** _____

Applicant Contact Information: **Phone:** _____

Email: _____

Acknowledgement

I understand that this petition/application, if approved, applies only to the land use and is not approval or assurance of compliance with any other City regulation, code, or ordinance. Any information, technical assistance, or review comments by any City official are intended solely as informal guidance, and are neither a determination of compliance nor binding on any agency with code enforcement responsibilities or the City.