

FOR OFFICE USE ONLY		
Date Received_		
Granted	Denied	

## APPLICATION FOR AN ORNAMENTAL LAWN Form #CDI163 (rev. 02/16)

Name (please print):		Date:
Address:		
Street	State	Zip Code
Phone:	E-mail (optional)	):
Species of Plantings:		
Maximum Height of Plantings:		
Attach diagram showing the streets, and/or alleys.	dimensions and the positi	ion of the plantings relative to sidewalks, driveways,
Property Owner's Signature:		Date:
For office use only:		
REQUEST GRANTE	D   DENIED	
Signed:		Dated:
by (print name)		
If your application for variance	is denied, you may file an a	ppeal. See below.

## **Appeals Procedure**

The decision regarding your variance request may be appealed if a written petition for a hearing is filed in the Office of the Department Director within ten (10) days from the date this decision was made. An appeal fee of Twenty-five Dollars (\$25.00) must accompany the written petition.