

IBERIA PARISH BOARD OF ADJUSTMENTS

APPLICATION FOR WAIVER/INTERPRETATION

Owner's Name: _____

Mailing Address: _____ **City:** _____ **State:** _____

Phone: Daytime: _____ **Cell:** _____ **Fax:** _____

Email: _____

Owner's Authorized Representative or Agent:

Name: _____

Mailing Address: _____ **City:** _____ **State:** _____

Phone: Daytime: _____ **Cell:** _____ **Fax:** _____

Email: _____

Location of Subject Property: _____

Present Zoning: _____ **Area of Property:** _____

Reason for Waiver/Interpretation: _____

Accepted: Department of Permitting, Planning and Zoning:

Date: _____ **Signature:** _____

AFFIDAVIT OF OWNERSHIP

Owner (s) hereby certifies that he/she is the owner of the subject property. Owner (s) declare that the information and documentation contained in this application for waiver/interpretation is true and correct to the best of his/her knowledge and that the development shall comply with all applicable Iberia Parish Codes, Regulations, and Ordinances. Owner (s) understands that filling of this application does not in any manner insure its successful adoption; owner (s) understands the filing of this application is at his/her risk. Owner (s) also authorizes any/all employees of Iberia Parish Government to enter the property for inspection purposes.

When signed below by owner (s), any Agent designated below is authorized to speak for the owner (s) and to represent the owner (s) at Board of Adjustment Meetings and Zoning Commission Meetings.

Owner (s): _____

Date: _____ **Witness:** _____

Applicant/Authorized Agent:

Date: _____ **Witness:** _____

Accepted: Department of Permitting, Planning and Zoning:

Date: _____ **Witness:** _____