

**IBERIA PARISH BOARD OF ADJUSTMENTS**  
**APPLICATION FOR WAIVER/INTERPRETATION**

**Owner's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone: Daytime:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**ATTENDANCE IS MANDATORY AND THE FEE MUST BE PAID AT THE TIME OF SUBMISSION OR APPLICATION WILL NOT BE FILED.**

**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:** \_\_\_\_\_