

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:** _____