

**City of Ocean Springs**  
**ZONING AND ADJUSTMENT BOARD**  
**VARIANCE REQUEST APPLICATION**

Address: 1014 Porter Avenue, Ocean Springs, MS 39564. PH: (228) 875-4415 Fax: (228) 875-2543  
Eric Meyer, Director of Community Development and Planning

**FEE OF \$50.00 MUST BE PAID AT THE TIME OF APPLICATION**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Application Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

The purpose of this variance is to consider an application to allow:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide justification of the variance request. Justification must include exceptional narrowness, shallowness, or shape of a specific piece of property, or exceptional topographical conditions, or other extraordinary situation of condition of a specific piece of property which condition is not generally prevalent in the area.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VARIANCE REQUEST MAY NOT EXCEED TWENTY PERCENT (20%) OF STANDARD SETBACK OR REQUIREMENT.**