Engineering Waiver Request Form

PL NUMBER: _____ PROJECT NAME: _____

E.O.R. NAME: _____ E.O.R. PHONE: _____

E.O.R. EMAIL: _____ DATE OF REQUEST: _____ / _____ / _____

CODE REF: _____ TYPE: [ ] DRAINAGE [ ] STREETS

WAIVER REQUESTED (PROVIDE ATTACHMENTS AS REQUIRED):

_____

_____

HOW ARE YOU MEETING THE PURPOSE AND INTENT OF THE REQUIREMENT YOU WISH TO BE WAIVED:

_____

_____

EXPLAIN WHAT IS UNIQUE ABOUT THE PROPERTY IN QUESTION THAT PREVENTS YOU FROM MEETING THE REQUIREMENT:

_____

_____

- - - - CITY OFFICE USE ONLY - - - -

[ ] WAIVER APPROVED

[ ] WAIVER DENIED

[ ] WAIVER APPROVED WITH CONDITIONS:

_____

_____

_____ _____ ___ / ___ / ____
DIRECTOR OF COMMUNITY DEVELOPMENT   DEPUTY DIRECTOR OF ENGINEERING   DATE