

Date: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_

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

Property Location: \_\_\_\_\_

Contractor's Email Address \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Outside Dimensions: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Brief Description of Alteration: \_\_\_\_\_

Side 1 \_\_\_\_\_ FT      Side 2 \_\_\_\_\_ FT  
N S E W                      N S E W

Eventual Use of Facility: \_\_\_\_\_

Describe Variance Required: \_\_\_\_\_

Approval is Granted / Denied This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

Under the Following Conditions:\_\_\_\_\_

Roseland Zoning Commissioner  
**Phone: 574-272-6485 Fax:574-968-1424**