Town of Virginia City Application for a Septic Variance

The owners of record	I for the property:		
Mailing Adress:			
Zoning District:		Phone Number(s)	
Street address of pro	perty:		
Legal description of P	Property:		
Please state the natu	re of the variance reque	est:	
Print Name:			
Sign Name:			
Date:			
•	an four (4) lots in outlyin	ouncil may grant variance permits fong ng areas that are an unreasonable di	•
 Mayor	 	 Clerk/Treasurer	Date