AfDU WAIVER APPLICATION

Version 2025-12-01

Waiver #: _____

I. General Information

Applicant: _____ **Date:** _____

Address: _____

Phone #: _____ **Email Address:** _____

Plan Name: _____ **Plan No:** _____

Site Address: _____ **GPIN #:** _____

Rezoning/Special Use Permit#: _____ **Exhibit Yes/No:** _____

II. Specifics of Waiver Request

Section of DCSM to be waived: _____

Requirement(s):

_____

_____

_____

_____

_____

_____

Justification for waiver:

_____

_____

_____

_____

_____

_____

III. Development Services Action

Recommendation: ☐ Approval ☐ Denial

Branch Chief: _____ **Division Chief:** _____

Reason(s) for approval/denial:

_____

_____

_____

_____

_____

_____

_____

Pro Rata Share Required: ☐ Yes ☐ No

Pro Rata Share Amount: $ _____ **Watershed:** _____

IV. Additional Comments

_____

_____

_____

_____

_____

_____

_____

V. Waiver Request Approval or Denial

Development Services Action: ☐ Approval of Waiver ☐ Denial of Waiver

Signature: _____ **Date:** _____
Reviewer

Signature: _____ **Date:** _____
Director or Designee