



**Public Works Department
Right-of-Way Restoration Policy
Variance Request Form**

The undersigned requests a variance from the requirements set forth in the Right-of-Way Restoration Policy.

Submit to: City of Tacoma
Attn: Site and Building Division
747 Market St, Rm 620
Tacoma, WA 98402
sitedevelopment@cityoftacoma.org

Permit Number: _____
Location or Address of Variance Request: _____
Variance Requested for Policy Section(s): _____
Name of Permittee: _____ Phone: _____
Email of Permittee: _____
Address of Permittee: _____
City: _____ State: _____ Zip: _____
Date: _____

Please state below the reason for the request of variance. Include additional pages and supporting documentation, if necessary.

Site and Building Recommendation

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Site and Building Representative Initials	Date

Approved <input type="checkbox"/>	<hr/>	
Denied <input type="checkbox"/>	City Engineer	Date