



FCRA Design Review Committee Variance Request Form

Date Submitted: _____ Meeting Date Requested for Consideration: _____

Applicant Name & Organization: _____

Applicant Phone: _____ Applicant Email: _____

Project Name: _____

Project Description and Address: _____

Please note that each variance request must be submitted on a separate form.

Design Guideline Requirement: _____

Variance Request: _____

Comments: _____

Applicant Signature: _____ Date: _____