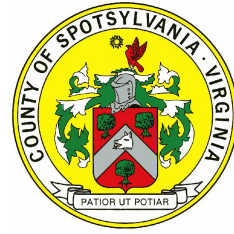


**COUNTY OF SPOTSYLVANIA
DEPARTMENT OF PLANNING**

9019 Old Battlefield Blvd., Suite 320, Spotsylvania, VA 22553
Phone (540) 507-7434 Fax (540) 507-7445



WAIVER or MODIFICATION REQUEST

SECTION I - GENERAL INFORMATION

Applicant: _____ **Date:** _____
Address: _____ **Waiver Number:** _____
_____ **Application No. :** _____
_____ **Project Name:** _____

SECTION II - SPECIFICS OF REQUEST

Section of Design Standards Manual or Ordinance Requested to be Waived or Modified: _____

Requirement(s): _____

Applicant's Justification for Waiver (See Article 9 of DSM for DSM Waiver standards):

SECTION III – STAFF RECOMMENDATION

Recommendations:

Reason(s) for Approval/Denial:

SECTION IV - ADDITIONAL COMMENTS

Director's Action:

Signature: _____ **Date:** _____
Kimberly Pomatto, AICP, Director of Planning & Zoning