

MUNICIPAL SEWAGE AUTHORITY OF THE TOWNSHIP OF SEWICKLEY

PROJECT VARIANCE MEMORANDUM

- This issue **WILL NOT** be checked if form is not complete.

Committee Member: _____ Date: _____

Property Owner: _____

Property Address: _____

Tax Map Number: _____ Phone Number: _____

Description of Variance: _____

_____ (Please feel free to use the back if necessary.)

Committee Member Comments: _____

Committee Member Initials: _____

Committee Member Recommendation: _____ Accepted _____ Rejected

Date Variance was Checked: _____

Board Resolution: _____ Accepted _____ Rejected

Date Resolved: _____ Chairman: _____