

Buffer Variance



Project Name:	
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Details/Justification for Variance (provide	de details on this form and reference any
attachments related to the variance requ	uest):
Signature of Primary Permittee	Printed Name of Primary
	Permittee
Signature of SWPPP Preparer	Printed Name of SWPPP
	Preparer
Signature of City Reviewer	Printed Name of City Reviewer