



Buffer Variance



Project Name: _____

Project Location: _____

Primary Permittee: _____

SWPPP Preparer: _____

Details/Justification for Variance (provide details on this form and reference any attachments related to the variance request):

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