

Morgan County Planning
Commission
77 Fairfax Street, Room 101
Berkeley Springs, WV 25411
304-258-8540

Request For Waiver

NAME OF OWNER _____

ADDRESS _____

NAME OF DEVELOPER _____

ADDRESS _____

PRIMARY CONTACT PERSON _____

PHONE AND EMAIL ADDRESS _____

NAME OF SUBDIVISION OR PROJECT _____

TAX MAP _____ PARCEL _____ TAXING DISTRICT _____

**REFER TO SECTION 6.0 OF THE MORGAN COUNTY SUBDIVISION REGULATIONS AS IT PERTAINS TO
THE WAIVER REQUEST.**

GENERAL DESCRIPTION OF WAIVER REQUEST: _____

REASON(S) FOR WAIVER REQUEST: _____

ADDITIONAL COMMENTS: _____

SIGNATURE OF PERSON COMPLETING FORM

PRINT NAME OF PERSON COMPLETING FORM

DATE _____

DATE RECEIVED BY PLANNING OFFICE AND INITIAL _____