



TOWN OF WYTHEVILLE

APPLICATION FOR EXEMPTION FROM MOWING OF PROPERTY

1. Name of Applicant _____
2. Address _____
3. Telephone Number _____ Fax Number _____
4. Describe the property for which the exemption is being requested (location, zoning district, acreage, etc): _____

5. Describe the undue hardship that would result by complying with the mowing regulations: _____

6. Is the property more than 50 feet from an occupied dwelling? ____ Yes ____ No
If not, what is the proximity of the property from an occupied dwelling: _____ ft.
7. Which one of the two required cuttings is the exemption being requested:
_____ May 15 to June 15 _____ August 15 to September 15

Applicant's Signature

Date