

Planning



Department

VARIANCE APPLICATION

Parcel Number: _____

Address: _____

In signing below, I (we) confirm that I (we) own the land identified on this application and that the information in this application is true to the best of my (our) knowledge. Additionally, I (we) consent to the proposal being represented with this application.

Landowner Signature: _____

Printed Name of Landowner: _____

Phone Number: _____

Email: _____

Additional Landowner Signature (If Applicable): _____

Printed Name of Landowner: _____

Phone Number: _____

Email: _____

Additional Landowner Signature (If Applicable): _____

Printed Name of Landowner: _____

Phone Number: _____

Email: _____

In the fields below, please provide the best point of contact for the entity submitting this application.

Name of Person: _____

Name of Company (If Applicable): _____

Business Address (If Applicable): _____

Phone Number: _____

Email: _____

Brief Description of Request: _____

As a part of this application, the applicant must submit a letter addressing the following points listed below, as the Code of Ordinances states that the Planning Commission shall not issue any variance unless evidence has been presented to it proving:

- That special conditions and circumstances exist which are peculiar to the land, structure, or building involved and which are not applicable to other lands, structures, or buildings in the same district.
- That literal interpretation of the provisions of this ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of this ordinance.
- That special conditions and circumstances do not result from the actions of the applicant.
- That granting the variance requested will not confer on the applicant any special privilege that is denied by this ordinance to other lands, structures, or buildings in the same district.

Variance Fee Schedule:

- On Residential Property: \$50
- On Commercial Property: \$500

Variance Application Fee: _____

FOR OFFICE USE ONLY

Payment Type: ___ Cash ___ Check ___ Card

Amount Paid: _____

Date: _____