



## VARIANCE APPLICATION

CASE# \_\_\_\_\_

Legal Owner / Agent: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
Signature of Owner/Owner's Representative: _____ Date: _____

### **ALL SUBMITTALS MUST INCLUDE THE FOLLOWING:**

- Narrative including Relief requested and the Justification for the Variance per Section 16-3-03 D.
- Legal Description of Property and current Assessor's Parcel Number(s)
- Owner Authorization Letter (if applicable)
- Vicinity Map
- 5 Copies of the Conceptual Site Plan (24"X 36", folded) showing (*note if submitted in conjunction with a Site Plan application the Site Plan may be submitted in lieu of the Conceptual Site Plan*):
  - Boundary line of Real Property with dimensions
  - Location, identification and dimension of existing and proposed:
    - Adjacent streets, driveways, sidewalks & bikeways
    - On-site streets, driveways, sidewalks, loading areas, bikeways, fences, refuse collection, utilities, utility easements setbacks and parking facilities
    - Conceptual buildings and structures
- ALTA Survey (no older than 90 days) if the request is related to the land
- A Map showing; a list of Names and Addresses, and mailing labels; for all property owners within 200 ft of the exterior boundaries of the property in accordance with Section 16-3-03 C.

### **DESCRIPTION OF VARIANCE REQUESTED:**

From what section of the Ordinance are you seeking relief (Article, section number, page number etc): \_\_\_\_\_

Variance Relief being requested:

Existing Zoning: \_\_\_\_\_ Gross Acreage: \_\_\_\_\_

Existing Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Specific Location / Address: \_\_\_\_\_

**Staff Comments will be returned to the applicant (Contact Person) at the time of the review meeting setup by staff and/or by E-mail.**

Date of Pre-Application Meeting: \_\_\_\_\_

Name of Planner: \_\_\_\_\_

Fees: \$400.00 per Variance

Total: \_\_\_\_\_

Fee Paid

Check Number: \_\_\_\_\_

Received By: \_\_\_\_\_