



Variance Application

Zoning Board of Appeals OR Administrative Variance

PERMIT NUMBER: _____

Please type or print using BLACK ink

Applicant:	Property Owner:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone & Email:	Phone & Email:
Contact Person:	Contact Business Phone:
Contact Email:	Contact Cell Phone:

APPLICANT IS THE Owner's Agent Property Owner Contract Purchaser

ADDRESS OF PROPERTY: _____

SUBDIVISION OR PROJECT NAME: _____

LAND DISTRICT: _____ LAND LOT(S): _____ PARCEL(S): _____ ACRE(S): _____

PROPOSED DEVELOPMENT: _____

BUILDING PERMIT NUMBER (if construction has begun): _____

VARIANCE REQUESTED: _____

Applicant has filed or intends to file any other variance, rezoning or waiver applications? **YES** **NO.**

If YES, please describe: _____

LETTER OF INTENT REQUIRED

Please attach a "LETTER OF INTENT" explaining what is proposed.

APPLICANT CERTIFICATION

The undersigned below is authorized to make this application and is aware that no application or reapplication affecting the same property shall be acted upon within twelve (12) months from the date of last action by the Mayor and Council, unless waived by the Mayor and Council. In no case shall an application or reapplication be acted upon in less than six (6) months from the date of last action by the Mayor and Council. Further, no application may be withdrawn once advertised and must receive final action by the Mayor and Council.

Signature of Applicant

Date

Type or Print Name

Title

Notary Public
(Seal)

Date

PROPERTY OWNER CERTIFICATION

The undersigned below, or as attached, is the record owner of the property considered in this application and is aware that if an application is denied by the Mayor and Council, no application or reapplication affecting the same land shall be acted upon within twelve (12) months from the date of last action by the Mayor and Council, unless waived by the Mayor and Council. In no case shall an application or reapplication be acted upon in less than six (6) months from the date of last action by the Mayor and Council. Further, no application may be withdrawn once advertised and must receive final action by the Mayor and Council.

Signature of Owner

Date

Type or Print Name

Title

Notary Public
(Seal)

Date

ADMINISTRATIVE USE ONLY

CASE NUMBER: _____ DATE COMPLETE: _____ RECEIVED BY: _____

APPLICATION FEE: _____ PAID BY/RECEIPT#: _____ HEARING DATE: _____

ADMINISTRATIVE VARIANCE DIRECTOR'S APPROVAL/DATE: _____

Conditions of Approval: _____