



# Development Services Department

## Variance Request (to Subdivision Ordinance Ch.23)

Application Fee: \$200.00

**Property Owners Information**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Agent or Engineer Information**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Site Information**

Street Address: \_\_\_\_\_

Legal Description (please include a metes and bounds description if not subdivided): \_\_\_\_\_

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Existing zoning designation: \_\_\_\_\_

Section of the code from which variance is described: \_\_\_\_\_

Describe variance requested (amount): \_\_\_\_\_

Reasons for requesting the variance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Minimum Submittal Checklist**

- Site plan showing: all existing and proposed structures, the distances between each, the distances to all property lines, and easements, if applicable
- \$200 application fee paid
- Photographs, letters from neighbors or any other pertinent information/documentation that the applicant feels would substantiate the request
- Cover letter addressed to Planning and Zoning Commission explaining what is being requested and the reason(s) why the applicant is requesting a variance.

**Signature**

I hereby certify that the information on this form is **COMPLETE, TRUE, and CORRECT** and the under signed is authorized to make this application concerning the above described property. I understand that submitting this application does not constitute approval and incomplete applications will result in delays and possible denial. I further request that the Planning & Zoning Commission/Board of Adjustment/Plan Review Committee review this matter and take appropriate action.

X  
\_\_\_\_\_  
Signature of Applicant Date

X  
\_\_\_\_\_  
Signature of Owner Date

**FOR OFFICE USE ONLY**

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_