

# Zoning Board of Appeals Variance Application

Revised 12.4.2023

## 1. PROJECT INFORMATION

Project Name: \_\_\_\_\_ Associated Case (if applicable): \_\_\_\_\_

Project Address/Location: \_\_\_\_\_ Existing Use of Property: \_\_\_\_\_

## 2. CASE TYPE (Check appropriate application type)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Dimensional Standards | <input type="checkbox"/> Parking                       | <input type="checkbox"/> Administrative Exception to Zoning |
| <input type="checkbox"/> Design Standards      | <input type="checkbox"/> Right-of-Way Access Standards | <input type="checkbox"/> Other                              |
| <input type="checkbox"/> Landscaping           | <input type="checkbox"/> On-Site Development Standards |   |
| <input type="checkbox"/> Use Standards         | <input type="checkbox"/> Sign Regulation               |   |

## 3. REASON FOR VARIANCE

*(please state specific request, be descriptive, attach additional sheets as needed)*

## 4. PARCEL LEGAL DESCRIPTION

*(existing platted subdivision name, block and lot designation; if un-platted, provide a detailed metes and bounds description)*

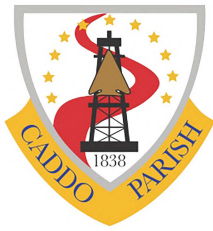
## 5. GENERAL LOCATION OF PROPERTY

*(street address and/or frontage, and distance to cross street)*

## 6. ZONING INFORMATION

Current Zoning District(s): \_\_\_\_\_

Special Purpose Overlay District (if applicable): \_\_\_\_\_



# Zoning Board of Appeals Variance Application

Revised 12.4.2023

## 7. SITE AND BUILDING INFORMATION (Complete as applicable)

Total Site Acres: \_\_\_\_\_ Proposed Building Use(s): \_\_\_\_\_

Existing Building(s) sq. ft. gross: \_\_\_\_\_ Proposed Building(s) sq. ft. gross: \_\_\_\_\_

Total sq. ft. gross (existing & proposed): \_\_\_\_\_ Proposed Height of Building(s): \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Ceiling Height of First Floor: \_\_\_\_\_

Off-Street Parking Required (if applicable): \_\_\_\_\_ Off-Street Parking Provided (if applicable) : \_\_\_\_\_

## 8. DIMENSIONAL STANDARDS

Lot Area (sq. ft.): \_\_\_\_\_ Lot Coverage (total area in sq. ft.): \_\_\_\_\_ Lot Coverage Percentage of Total Lot Area: \_\_\_\_\_

## 9. HARDSHIP EXPLANATION

In order to make a finding of hardship and to grant a variance, the Zoning Board of Appeals must determine that all of the following conditions are met. State how your request meets these conditions. ***Please note that financial or self-induced conditions are not considered hardships. Any alleged difficulty or hardship cannot have been created by the current owner of the property in question.*** In order for the Zoning Board of Appeals to make a determination, an explanation ***is required*** for the following items:

a. How do the physical surroundings (i.e. shape, topographical conditions, etc.) hinder the applicant from complying with the full extent of the ordinance or impose a hardship beyond a mere inconvenience? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

b. Describe how the granting of a variance **WILL NOT** negatively impact the health, safety, and welfare of the general public in the immediate area **OR** disrupt the essential character of the neighborhood. \_\_\_\_\_

---

---

---

---

---

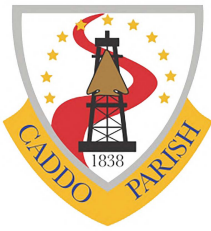
---

---

---

---

---



# Zoning Board of Appeals Variance Application

Revised 12.4.2023

## 10. CONTACT INFORMATION

If property owner designates an agent as the coordinator for the project, this person (the applicant) shall attend all necessary meetings and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. **All contact for this project will be made through the applicant listed below.**

**NAME, ADDRESS, AND SIGNATURE OF ALL PROPERTY OWNERS:** ALL property owners must sign. All **property owners** must sign unless one person has the power of attorney to sign for others and that power of attorney is submitted with the application. A managing partner in a corporation may sign and submit written authorization. **If in business name or corporation, list all persons owning 6% or more. Attach separate sheet if necessary.**

### Applicant Contact Information

Check if Primary Contact

Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (street, city, state, zip): \_\_\_\_\_

### Architect Contact Information

Check if Primary Contact

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (street, city, state, zip): \_\_\_\_\_

### Engineer Contact Information

Check if Primary Contact

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (street, city, state, zip): \_\_\_\_\_

### Current Property Owner Contact Information

Check if Primary Contact

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (street, city, state, zip): \_\_\_\_\_

Designee Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Property Owner, check one of the following:

I will represent the application myself; OR  I hereby designate (*insert name of project representative*) \_\_\_\_\_ to act in the capacity as my agent for submittal, processing, representation, and/or presentation of this request. The designated agent shall be the principal contact person for responding to all requests for information and for resolving all issues of concern relative to this request.

### Acknowledgment:

I hereby certify that I am the owner of the property and further certify that the information regarding property ownership provided on this development application is true and correct.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_