



ZONING BOARD OF APPEALS VARIANCE REQUEST

PROPERTY Information

Property Address: _____

Parcel #: _____ Zoning District: _____

PROPERTY OWNER Information

Property Owner Name: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

APPLICANT Information (If not filed by property owner)

Name: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

APPEAL Information

To request a variance. Identify the type and amount of variance(s) below. Example: Five Foot (5') reduction of the twenty-five (25') rear yard setback. (use additional paper, if necessary)

DESCRIBE THE REASON(S) FOR REQUESTING A VARIANCE:

DESCRIBE WHY THIS PROBLEM IS NOT SELF-CREATED:

DESCRIBE ANY NEGATIVE IMPACT TO THE ADJACENT PARCEL(S) THAT MAY RESULT:



DOES THE PROPERTY POSSESS UNIQUE CHARACTERISTICS (NOT COMMON TO THE AREA):

SITE PLAN MUST COMPLY WITH SECTION 503. Please Draw to Scale! Use separate sheet.

1. Show Lot Line and Dimensions
2. Show Existing and Proposed Buildings - Label and give dimensions and identify use of each building.
3. Show distances between buildings and lot lines.
4. Show right-of-ways, easements and access roads.
5. Show natural features affecting development. (Rock, Etc.)
6. Show man-made features affecting development.
7. Draw an arrow pointing North.

By signing below I certify that the information contained in this application is true and correct to the best of my knowledge and belief at the time of the application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures, and that this application is complete. I further understand that an incomplete application submittal may cause my application to be deferred.

Property Owner

Applicant, if different from Property Owner

Date

..... FOR STAFF USE

- | | |
|--|--|
| <input type="checkbox"/> Adjacent Property Owners (300') | <input type="checkbox"/> Zoning Public Hearing Date |
| <input type="checkbox"/> Completed Applications | <input type="checkbox"/> Notice of Zoning Hearing Date |
| <input type="checkbox"/> Fees Paid | <input type="checkbox"/> Property on Private Road |
| <input type="checkbox"/> Survey of Property | |

..... OFFICE USE ONLY

Date Received: _____ Approval: _____ Denied: _____

If denied, Reason for denial: _____

Special Requirements of Approval: _____

Signature of Zoning Board of Appeals Chair: _____

Signature of Administrator: _____ Date: _____