



**Variance Application**

**Section A Applicant Information**

Applicant Name \_\_\_\_\_

Applicant Type  Property Owner  Contractor  Authorized Agent  Other

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Section B Property Information**

Property Address \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

Property Size \_\_\_\_\_ Acres

Zoning District \_\_\_\_\_

Ordinance Sec. \_\_\_\_\_

Type of Variance Requested \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The variance criteria page must be completed in full with supporting facts.**

**Section C**

I hereby declare under penalty of perjury that I am authorized to make this application and that the information contained herein is true and accurate.

Executed on \_\_\_\_\_ in \_\_\_\_\_ (city, state).

Signature of Authorized Officer or Agent \_\_\_\_\_

Printed Name and Title of Authorized Officer or Agent \_\_\_\_\_

**SUBSCRIBED AND SWORN BEFORE ME**

On this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public Signature

My Commission Expires: \_\_\_\_\_



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### Variance Criteria

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Please provide explanations to show how the following requirements are true. Answering the prompt with "yes" is insufficient to provide the necessary evidence to grant a variance.

1. The variance requested is the minimum variance which would alleviate the practical difficulties.

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2. The approval will not be injurious to the public health, safety, morals, and general welfare of the community.

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3. The use and value of the area adjacent to the property included in the variance will not be affected in a substantially adverse manner.

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4. The strict application of the terms of the zoning ordinance will result in practical difficulties in the use of the property.