

VAR**APPLICATION FOR VARIANCE**

Date: _____
Case No: _____

Filing Fees: Refer to Development Application Fee Schedule.

Amount Paid _____ Date _____ Hearing Examiner Town Commission Other

Petitioner / Applicant: _____

Address: _____ City: _____

Phone: _____ Fax: _____ E-mail: _____

Petitioner's Relation to Subject Property: _____

If Petitioner is not Owner, Name of Owner: _____

Address of Owner: _____ City: _____

Signature of Petitioner: _____

Address of Property Subject to the Requested Variance: _____

Legal Description of Property (Plat Book/Page or Metes and Bounds):

Variance Requested: _____

PROVIDE THE FOLLOWING IN PDF FORMAT UNLESS OTHERWISE SPECIFIED:

- Drawings/survey;
- Justification statement addressing all criteria in Sec. 28-75(a)(1); and
- Other documentation necessary to support the petition for the variance.

OWNER / AGENT CERTIFICATE:

This is to certify that I am the owner / agent of the subject lands described above in the Application for Zoning Variance, and that all information supplied herein is true and correct to the best of my knowledge. By signing this application, owner / agent specifically agrees to allow access to described property at reasonable times by Town personnel for the purpose of verification of information provided by owner/agent.

Signature of owner/agent: _____ Sworn to and subscribed before
me this _____ day of _____ 20____, by _____.

He/She is personally known to me or

He/She has presented _____ as identification.

Signature of Notary Public _____

Type or Print Name _____

FOR STAFF USE ONLY

Hearing Examiner Action Date: _____ Approved Denied Approved with conditions

Town Commission Date: _____ Approved Denied Approved with conditions