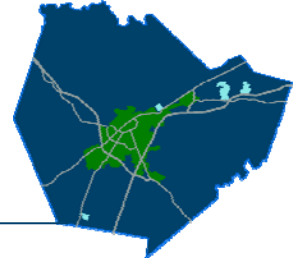


APPLICATION FOR VARIANCE

CCPC

City-County
Planning Commission
warrenpc.org



Docket Number: _____

Public Hearing Date: _____

Date Application Filed: _____

Pre-Application Meeting Date: _____

APPLICANT(S) INFORMATION

1) APPLICANT(S) NAME(S): _____

Names of Officers, Directors, Shareholders or Members (If Applicable):

Mailing Address: _____

Phone Number: _____

Cell Number: _____

E-Mail Address: _____

2) PROPERTY OWNER(S) NAME(S): _____

Mailing Address: _____

Phone Number: _____

Cell Number: _____

E-Mail Address: _____

PLEASE USE ADDITIONAL PAGES IF NEEDED

3) APPLICANT(S) ATTORNEY: _____

Name of Law Firm: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____

PROPERTY INFORMATION

Property Address: _____

PVA Parcel Number: _____

Acreage: _____

Current Zoning: _____

VARIANCE REQUEST

Please describe the variance(s) being requested and list the section of the Zoning Ordinance from which the variance(s) is referenced:

PERMITTED VARIANCES

The Board of Adjustments shall have the authority to hear and decide on applications for a variance(s) from the terms of the Zoning Ordinance, but only in the following situations and provided that such relief may be granted without substantial detriment to the public good and without substantially impairing the intent and purpose of this Ordinance:

1. Where, by reasons of exceptional narrowness, shallowness or shape of a specific piece of property, which at the time of the adoption of the Zoning Ordinance was a lot of record; or
2. Where, by reason of exceptional topographic conditions or other extraordinary or exceptional situation or condition of a piece of property, the strict application of dimensional requirements would cause practical difficulties to or exceptional and undue hardship upon the owner of such property.

Financial disadvantage to the property owner is not proof of hardship for the purposes of this application.

FINDINGS REQUIRED FOR VARIANCE

In order for the Board of Adjustments to grant a variance, it must make findings of fact in support of its approval. Please provide a detailed explanation as to:

- How the requested variance(s) arises from special circumstances which do not generally apply to land in the general vicinity, or in the same zone;
- How the strict application of the provisions of the regulation would deprive the applicant of the reasonable use of the land or would create an unnecessary hardship on the applicant; or
- How the circumstances are the result of actions of the applicant taken subsequent to the adoption of the zoning regulation from which relief is sought.

The Board of Adjustments shall deny any request for a Variance arising from circumstances that are the result of willful violations of the zoning regulation by the applicant subsequent to the adoption of the zoning regulation from which relief is sought.

Please check (✓) one of the above findings of fact and cite specific evidence to address such finding in the space provided below. Please attach additional sheets if more space is needed.

APPLICATION CHECKLIST

- A completed and signed Application
- Boundary survey prepared by a licensed surveyor (please include one (1) 11" x 14" or smaller copy)
- Adjacent Property Owners Form
- Filing and Recording Fees

APPLICANT'S CERTIFICATION

I do hereby certify that, to the best of my knowledge and belief, all application materials have been submitted and that the information they contain is true and correct. Please attach additional signature pages if needed.

Signature of Applicant(s) and Property Owner(s):

Date:

1) _____

(please print name and title)

2) _____

(please print name and title)

The foregoing signatures constitute all of the owners of the affected property necessary to convey fee title, their attorney, or their legally constituted attorney-in-fact. If the signature is of an attorney, then such signature is certification that the attorney represents each and every owner of the affected property. Please use additional signature pages, if needed.

REQUIRED FILING FEES MUST BE PAID BEFORE ANY APPLICATION WILL BE ACCEPTED

Application Fee: _____
Land Use Certificate Fee: _____
Date Fees Received: _____