

APPLICATION FORM

COUNTY VARIANCE

The undersigned as owner(s) of the following described property hereby request a Variance as outlined in the County Zoning Regulations.

Legal Description of Property: _____

Address or General Location: _____

Zoning Classification: _____

Size of Parcel or lot (Area & Dimensions): _____

Covenants or Deed Restrictions on Property: Yes _____ No _____
If yes, please attach to application.

Variance Requested: _____

Facts of Hardship: _____

*** Additional information may be required as determined by the Zoning Coordinator in order to fully evaluate the application.

Owner(s): _____

(Recorded Owner)

(Address)

(Phone Number)

Agent(s): _____

(Name)

(Address)

(Phone Number)

I understand that the filing fee accompanying this application is not refundable, that it pays for the cost of processing and does not guarantee that the zone change will be granted. Also, I attest that all the information presented herein is factual and correct.

Signature: _____

(Recorded Owner)

Date: _____

Received this _____ day of _____, 20____.

Fee Received: _____

Application received by: _____