



APPLICATION FOR ADMINISTRATIVE VARIANCE

Fee: \$200.00

Name of Applicant: _____ Phone: _____ Date: _____

Applicant's Address: _____ Fax: _____ Cell # _____

City: _____ State: _____ Zip: _____ Email: _____

Name of Agent: _____ Fax: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

The Applicant named above affirms they are the owner or agent of the owner of the property described below and requests: (PLEASE CHECK THE TYPE OF REQUEST AND FILL IN ALL APPLICABLE INFORMATION LEGIBLY AND COMPLETELY).

1. ***Front yard set back (not to exceed five feet):** _____
2. ***Side yard set back (not to exceed two feet):** _____
3. ***Rear yard set back (not to exceed four feet):** _____
4. ***Height of building (variance not to exceed five feet):** _____
5. Converted garages or carports meeting the requirements of Section 3-26. _____
6. Residential and commercial design standards. _____
7. ***Other requirements within this City Zoning Ordinance specifically stating that an administrative variance is allowed.**

**Please attach a survey/site plan showing the existing and proposed development/project highlighting the need for the variance, as well as other necessary information. Additional information may be required by the Zoning Administrator*

Address of property: _____ Lot # _____ Size of Tract: _____ acre(s) Zoning: _____

Property Tax Parcel Number: _____ - _____ - _____ if known

Please provide a written letter outlining the reason for the Administrative Variance request (specify the code requirements the variance is related to and explain how its enforcement will result in unnecessary hardship or practical difficulty):

Owner's Signature

Agent's signature

Print Name of Owner

Print Name of Agent

Application status:
APPROVED _____
DENIED _____

Signature: _____ Date: _____

Print name of Zoning Administrator or designee: _____