

Variance Application Checklist



A. Application Requirements

All required items must be complete before an application can be placed on the Hearing agenda.

	<i>Required</i>	<i>Complete</i>	<i>Incomplete</i>
1. Completed Zoning Application (<i>attached</i>)	1	_____	_____
2. Three copies of proposed site plan (<i>see Section B for plan requirements</i>)	3	_____	_____
3. Accurate certificate of survey	3	_____	_____
4. Three copies of building elevations	3	_____	_____
5. Evidence of ownership or letter of concurrence from property owner if applicant is not the owner	1	_____	_____
6. Evidence that there are no delinquent property taxes, special assessments, penalties, interest and/or municipal utility fees due on the property (<i>City staff to verify</i>)	1	_____	_____
7. Optional - Petition of adjacent property owners (<i>form attached</i>)	_____	_____	_____
8. Application fee	1	_____	_____

B. Site Plan Information

All plan submittals must meet the following format requirements:

- A **Title Block** stating the name & address is required.
- A **North Arrow** is required.
- Site plan should show **property lines, location of all structures, setbacks and lot dimensions.**
- Elevations should show **building dimensions and height.**
- Plans must be able to be photocopied.
(the applicant is responsible for reproducing any color plans)
- The **Scale** must be appropriate for the size of the project.
(1 inch = 10 feet or 1 inch = 20 feet is preferred in most cases)

- ◆ The City reserves the right to require additional plans or information as necessary.
- ◆ Submittal of an application grants the City permission to inspect and photograph the property.

Planning & Zoning Application



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Planning & Zoning Application



Street Address of Subject Property: _____

Legal Description of Subject Property: _____

Applicant/Contact _____ (print or type) Date _____

Applicant Signature _____

Company _____ Address (if different) _____

City _____ Zip _____ Phone _____

E-mail Address: _____ Fax #: _____

Application For:

Variance _____

Appeal _____

Brief Description of Request:

OFFICE USE ONLY:

Application Received By: _____ Date: _____

	Complete	Incomplete	Staff Initials	Date
1. Application Requirements	_____	_____	_____	_____
2. Administrative Review	_____	_____	_____	_____
3. Any Additional Requirements	_____	_____	_____	_____
4. Non-refundable Filing Fee	_____	_____	_____	_____
Amount: _____				
5. 15-day notice of completeness deadline: _____				
Notice of extention mailed: _____				
		60-day deadline: _____		
		120-day deadline: _____		

