

**REQUEST FOR DIMENSIONAL VARIANCE**

**APPLICATION**

Name of Applicant: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_

(Please circle YES or NO)

DOES THE PROPERTY HAVE RESTRICTIVE COVENANTS?      YES    NO

(If YES, please attach a copy of restrictive covenants)

HAS THERE BEEN A PREVIOUS REQUEST FOR ANY ZONING ACTIONS AT THIS PROPERTY BEFORE?

YES    NO (If YES, please attach a copy of all decisions made by the Planning Commission and Board of Supervisors)

**Requirements of Applicant:**

1. Letter stating reason for requested dimensional variance
2. Copy of the written legal description
3. Site plan of property
4. Complete set of plans

**Requirements for Granting Dimensional Variance: (Section 2404.01- Zoning Ordinance)**

- A. That special conditions and circumstances exist which are peculiar to the land, structure, or building involved and which are not applicable to other lands, structures, or buildings, in the same district
- B. That literal interpretation of the provisions of this Ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of this Ordinance.
- C. That granting the variance requested will not confer on the applicant any special privilege that is denied by this Ordinance to other lands, structures, or buildings in the same zoning district.

Applicant shall be present at the Planning Commission meeting. Documents shall be submitted thirty (30) days prior to the Planning Commission meeting. **Applicant is responsible for complying with all applicable requirements of the Zoning Ordinance.**

By signing this application, it is understood that permission is given to the Zoning Administrator to have a sign erected on subject property, given notice to the public that said property is being considered for dimensional variance.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

