

# APPLICATION FOR VARIANCE

In accordance with the Village of Redgranite Municipal Code, variances may be granted by the Board of Zoning Appeals where a literal enforcement of the code would result in unnecessary hardships. No variation may be granted which would adversely affect the surrounding properties of the general neighborhood. All variations must comply with the intent and purpose of the Zoning Ordinance.

Take Notice that the undersigned on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ requests the following variance:

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NAME OF PROPERTY OWNER: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

PRESENT USE OF PROPERTY: \_\_\_\_\_

ZONING CLASSIFICATION: \_\_\_\_\_

REASONS FOR REQUEST: \_\_\_\_\_

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Are the conditions of hardship for which you request a variance true only for you property?

\_\_\_\_ If not, how many other properties are similarly affected? \_\_\_\_

Will the granting of the variance in the form requested comply with the neighborhood and not contrary to the intent and purpose of the Zoning Ordinance? \_\_\_\_ Elaborate:

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NAMES AND ADDRESSES of all property owners of record within 100 feet. (Attach additional sheet if needed):

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A scale drawing shall accompany each form showing the location and size of the property, existing improvements, all abutting properties and improvements thereon and change or addition requested. Failure to supply such information shall be grounds for dismissal of the appeal or application.

FEE of \$200.00 must accompany this application.

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_

NAME AND ADDRESS OF ATTORNEY-AT-LAW (if any): \_\_\_\_\_

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OFFICE USE ONLY:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt Number: \_\_\_\_\_