



**SPRINGDALE™**  
WE'RE MAKING IT HAPPEN

## Application for Variance – Board of Adjustment

**STAFF USE ONLY**

Date Application Submitted: \_\_\_\_\_

Date Accepted as Complete: \_\_\_\_\_ Project Number: \_\_\_\_\_

**APPLICATION CONTACTS:**

Indicate one person of contact for this request: \_\_\_\_\_ Property Owner \_\_\_\_\_ Representative

Applicant (person making request)	Property Owner (if other than Applicant):
Name: _____	Name: _____
E-mail: _____	E-mail: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Site/ Location: _____ _____	Current Zoning District: _____
Assessor's Parcel Number(s): _____	Rezone required: _____
	Total Acreage: _____

**Fee for Variance Application is \$75**

Variance requested: (attach visual representation of request)

Difficulty or hardship: (why strict application of the provision would prohibit or unreasonably restrict the use of the property)

Effect of variance: (how variance would alleviate a demonstrable hardship, as distinguished from a special privilege or convenience sought by the applicant)

The **Applicant** understands that he/she is responsible to send a notice of the public hearing to owners of adjacent properties in accordance with the requirements set forth in the instruction given with this application and that an affidavit must be submitted with supporting documents no later than seven (7) calendar days prior to the meeting date. It is further understood that the cost of such notice(s) is borne by the Applicant.

The **Applicant** understands that he/she must be present at the meeting to present the variance request and to answer questions. If the **Applicant** is unable to attend, written authorization must be attached designating a representative and any decisions made by this individual shall be binding on the applicant.

APPLICANT SIGNATURE(S)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_