

APPLICATION FOR VARIANCE

Variance Instructions

1. Fill out this application.
2. Please provide a layout of the proposed variance request.
3. Please provide a layout of the property.
4. Please provide a copy of the deed for the current property.
5. File this completed application with the City of Broken Bow.
6. Submit a list of property owners within 300 feet of the boundaries, prepared by a certified abstractor.
7. Filing fee \$500.00. Make checks payable to the City of Broken Bow.

Variance Information (please print legibly or type)

Name: _____

Address: _____

Phone Number: _____

Legal Description: _____

Have you applied for a variance prior on this property? _____ Yes _____ No

Information Regarding Findings Required by the Board of Adjustment (please print legibly or type)

1. Please describe the type of variance you are requesting?

2. Please list why this property is unique and why this unique character is not ordinarily found in the same zone or district and is not created by an action or actions of the property owner or applicant.

3. Please state how the granting of a variance will not be of substantial detriment to the adjacent property and how the granting of a variance will not change the character of the district.

4. Please state how the denial of the requested variance would be a hardship of the property owner requesting the variance.

5. Please state with specificity how the granting of a variance would be based upon reasonable and demonstrable and exceptional hardship as opposed to being a variance granted for the purposes of being convenient, profitable or capricious.

6. Please state how the granting of a variance would not adversely affect the public health, safety, morals, order, convenience, prosperity or general welfare.

7. Please state how the granting of a variance will not be in opposition to the general spirit and intent of the zoning regulations.

Applicant Signature: _____ Date: _____

For Office Use Only:

Application Approved _____ Not Approved _____
Accepted by _____ Date _____
Payment received: mo. _____ day _____ yr. _____ Cash _____ Check # & Amount _____