

VARIANCE APPLICATION



Name of Applicant: _____

Name of Business (if applicable): _____

Mailing Address: _____

Variance Property Address: _____

Email Address: _____ Phone Number: _____

Current Zoning of Parcel: _____ Current Use of Parcel: _____

Tax ID Number of Parcel: _____ Acres: _____

Variation Requested: _____

Reason for Request: _____

What physical characteristics would prevent the property from being used in conformity with the requirements of the Zoning Ordinance?

Is the purpose of the proposed variation based on more than a desire to make money from the property?

Has the alleged difficulty or hardship been created by any person presently having an interest in the property?

The Marysville Town Zoning Ordinance requires that the Appeal Authority find that there is a practical difficulty or some particular hardship if existing regulations are applied. The Appeal Authority must also consider certain factors related to the granting of a variance. As the Applicant, you should “make your case” by explaining how your request **WILL NOT**:

1. Impair an adequate supply of light and air to adjacent property.
2. Increase the hazard from fire and other dangers to adjacent property.
3. Diminish the value of adjacent land and buildings.
4. Increase congestion or create traffic hazards.
5. Impair the public health, safety, comfort, morals and general welfare.

I hereby certify the above and foregoing information to be true and correct to the best of my knowledge, and that I am the current owner of record, or that I have attached hereto a notarized statement from the owner of record certifying his knowledge of my application for zone change, and my intended use of the property listed herein.

DATED this _____ day of _____, 20_____.

Applicant

Date of issuance _____

Appeal Authority