**CITY OF SPRINGFIELD APPLICATION FOR VARIANCE**

THE SPRINGFIELD BOARD OF ZONING ADJUSTMENTS MAY GRANT VARIANCES IN ACCORDANCE WITH CITY ZONING LAWS AND K.R.S. 100

**THE APPLICANT OR A DESIGNEE MUST BE PRESENT AT MEETING.**

Name & Address of Property Owner

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

Phone Number and email:

1. Location of Property
2. Zoning Classification of Property
3. Existing Use of Property
4. Proposed Use of Property
5. Type of Variance Sought
6. Reason For Seeking Variance
7. Describe how the Strict Application of the Zoning Regulations will deprive you of the reasonable use of said property or create unnecessary hardship:

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1. Describe any special circumstances that would justify treating this property different from other land in this area in the same zone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What adverse effect will the grant of the variance have on the public health, safety or welfare or general character of the area? \_

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1. List any additional information that you feel would be helpful to the Board of Adjustments in considering this application. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Attach a copy of plans showing the lot, existing and/or proposed buildings, setbacks, square footage, streets, sidewalks, etc. that will assist the governing body in making a determination.
2. List adjoining property owners-names and addresses (May utilize P.V.A. Records):

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SIGNATURE OF APPLICANT DATE

A permit fee of $50.00 is to be submitted with completed application.

FEE ACCEPTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

The above permit was approved/not approved by the City of Springfield Board of Zoning Adjustment.

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SIGNATURE OF ZONING OFFICER DATE