

APPLICATION FOR VARIANCE

CITY OF LARNED, 417 BROADWAY

Variance Case No. _____

Date Filed _____

I. Name of Applicant _____
Mailing Address _____ Daytime Phone _____
Name of Authorized Agent if any _____
Mailing Address if different from applicant _____
Relationship of applicant to owner _____

II. The variance requested is from Article _____ Section _____ which requires that only a 4' height fence be allowed. This request would change this requirement to _____

III. For property located at _____

IV. Provide a statement explaining the variance request _____

V. Provide a brief statement setting out how this application will meet each of the five conditions as described in the Zoning Ordinance and Procedural Manual.

A. **Uniqueness:** _____

B. **Effect Adjacent Property:** _____

C. **Hardship to self or neighborhood:** _____

D. **How will this effect Public Interest:** _____

C. **How will affect the Spirit and Intent of the Zoning Regulations:** _____

VI. Draw a sketch and include property lines on the application area, existing and proposed structures, appropriate dimensions, and any other information that would be helpful to the Board of Zoning Appeals.

VII. The applicant / agent hereby declares that all information submitted is true tot eh best of his knowledge and that all information required for this request has been included.

Applicant:

Authorized Agent:
