

**EMMONS COUNTY
APPLICATION FOR VARIANCE**

Date: _____

Applicant Name: _____

Mailing Address:

City/State/Zip: _____

Telephone Number: _____

Property Owner (if different): _____

Property Owner Telephone Number: _____

Legal Description of Property: _____

Parcel Number (if known): _____

Property Address or General Location: _____

Current Zoning District:

Type of Variance Requested:

Reason for Variance Request:

Describe any special conditions or circumstances relating to the property which support the request:

Will the requested variance affect adjoining property owners? Yes No

If yes, please explain:

Applicant Signature: _____

Date: _____

FOR COUNTY USE ONLY

Date Application Received: _____

Fee Paid: _____

Hearing/Meeting Date: _____

Planning & Zoning Recommendation:

Approve Approve with Conditions Deny

Conditions or Comments:

Chairman, Board of Planning and Zoning Commission

By: _____

Action by Board of County Commissioners:

Approved Approved with Conditions Denied

Conditions of Approval:

Motion Made By: _____

Seconded By: _____

Vote: _____

Date Approved/Denied: _____

Chairman, Board of County Commissioners

By: _____

Attest: _____, County Auditor