



**APPLICATION FOR
VARIANCE (Section 4.2A)
PLANNING DEPARTMENT**
700 Fox Trial, Opelika, Al 36801
(334) 705-5156 Fax (334) 705-5159

DATE:	Zoning Board of Adjustment Meeting Date:
Case Number:	Meeting Deadline:

PART I. OWNER / APPLICANT INFORMATION

Owner Name _____ Address _____ Phone _____

Agent Name (if applicable) _____ Address _____ Phone _____

PART II. PARCEL INFORMATION

Street Address: _____

Current Zoning: _____

Current Land Use: _____

Type of Variance Sought: _____ Sign _____ Parking _____ Setback _____ Other

PART III. Provide a Brief Description and Reason for the Variance (attach a zoning map or site plan) _____

Setback	Required	Proposed	Amount of Variance
Front			
Side			
Side			
Rear			

PART IV.

1) Are there extraordinary and/or exceptional conditions to the particular property, which make a variance necessary? _____

2) Would the strict application of this ordinance produce an unwarranted hardship not generally shared by others? _____

3) Will the proposed variance alter the character of the area? If so, how? _____

Provide the Names and Addresses of ALL adjoining Property Owners:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FEES:

Total Number of Adjoining Property Owners	X \$6.74 =	
	+ Fee	\$75.00
	TOTAL	

PART V.

I hereby request that the Zoning Board of Adjustment review a variance request for my property located at (street address) _____. Enclosed are the true and accurate names and addresses of all adjacent property owners. I understand that the City may require additional information, or waive certain requirements, in order to make a decision on the request at any time during the process.

Signature

Date