

Administrative Variance Application

City of Van Buren

Planning Department

Owner(s) of Property: _____
Address of Owner(s): _____
Phone Number: _____

Subject Property Information:
Address of Property: _____
Sub-division Name _____
Lot Number: _____ Current Zoning _____
Block Number _____

Type of Variance requested (check all that apply)

Existing Structure _____
Existing Lot _____

This request is for relief from what type of requirement:

(Check all that apply)

_____ Height of Structure _____ Area of Structure
_____ Width of Lot _____ Allowable Lot coverage
_____ Lot Area _____ Yard requirements
_____ Setbacks
_____ Other _____

How long has this condition existed on this property: _____

Items submitted for review:

_____ Completed application form _____ Survey of property
_____ Photographs or drawings _____ Other

Description of request: _____

Certification of Ownership

I (we) hereby certify and confirm that I (we) are the legal title holder(s) of the above described property and request the variance described on this application: I (we) further understand that any false or misleading documentation may be cause for not approving or withdrawing any approval.

Signature and date: _____

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For Office Use Only:

Comments: _____

Approval Signature and Date _____