

VARIANCE REQUEST FORM

Variance Request
Variance Fee: _____
Date Paid: _____
Date Notice was Published: _____
Date of Public Hearing: _____
Affidavit Attached: _____

FLUSHING TOWNSHIP ZONING BOARD OF APPEALS VARIANCE REQUEST

Required information from owner or person having interest in requesting Zoning Board of Appeals (ZBA) review and opinion.

1. Name of applicant/owner requesting ZBA review and opinion.

A. Applicant

Name: _____
Address: _____
Phone: _____

B. Owner of property if different than above

Name: _____
Address: _____
Phone: _____

2. Location of Property:

Street number and name: _____
Property tax identification number: _____
Legal description of property involved: _____

List deed restrictions and easements: _____

Present zoning of property: _____

3. With all requests, a plot plan drawn to scale (1" = 20') showing lot, location of existing buildings, proposed buildings and additions to existing buildings, plus distance from property line, is required.

4. Answer the following questions of the affidavit:
- a. Will the strict enforcement of the provisions of the township zoning ordinance unreasonably prevent the owner from using the property for a permitted purpose, or would render conformity unnecessarily burdensome? _____
If yes, how? _____

 - b. Is the need for a variance due to unique circumstances of the property? _____
If yes, please describe. _____

 - c. Did you create the problems you are trying to get around? _____
 - d. Will the requested variance confer special privileges that are denied other properties similarly situated and in the same zoning district? _____
 - e. Will the requested variance be contrary to the spirit and intent of this zoning district and public safety? _____

ACKNOWLEDGEMENT AND CERTIFICATION: It is hereby acknowledged that the applicant(s) has fully read and completed the above application. It is also understood that in case of cancellation or failure of the owner or his representative to appear at the hearing, I understand that all fees will be forfeited.

Signature of Applicant

Signature of Owner
(If different than applicant)

ZONING BOARD OF APPEALS:

The Zoning Board of Appeals (ZBA) having reviewed the submitted data do hereby:

() APPROVE () DISAPPROVE the application for the following reasons: _____

If approved, are there conditions? _____

Date

Zoning Board of Appeals Chairperson