

APPLICATION FOR A VARIANCE FROM THE ZONING REGULATIONS OF HARVEY COUNTY, KANSAS

This is an application for a Variance from the Harvey County Zoning Regulations. The form must be completed and filed at the office of the County Zoning Administrator in accordance with directions on the accompanying instruction sheet.

1. Name of applicant or applicants (owner or their agent or agents). All owners of all property requesting a variance must be listed in this form.

Applicant/Owner _____

Address _____ Phone _____

Agent _____

Address _____ Phone _____

Applicant/Owner _____

Address _____ Phone _____

Agent _____

Address _____ Phone _____

(Use separate sheet if necessary for names of additional owners/applicants.)

2. The applicant hereby requests a variance from _____

_____ zoning regulation.

CONDITIONS FOR GRANTING A VARIANCE. A variance to the terms of this resolution may be granted when the Board of Zoning Appeals finds that all of the following conditions have been met.

1. The variance arises from a condition which is unique to the property in question and which is not ordinarily found in the same zoning district, and is not created by an action or actions of the property owner or applicant.
2. The variance will not adversely affect the rights of adjacent property owners or residents.

3. The strict application of the provisions of the zoning regulations will constitute unnecessary hardship on the applicant.
4. The variance will not adversely affect the public health, safety, morals, order, convenience, prosperity, or general welfare.
5. The variance will not be opposed to the general spirit and intent of the zoning regulations.

Variances of the Harvey County Zoning Regulations.

Please feel free to use a separate paper there is no requirement that it all be on submitted on this form.

Property is legally described as:

Section _____ Township _____ Range _____ Map _____

Parcel # _____

NOTE: APPLICANT AND/OR THEIR REPRESENTATIVE ARE REQUIRED TO ATTEND THE HEARING.

Owner

Owner

By _____
Authorized Agent

By _____
Authorized Agent

A \$_____ fee must accompany this completed application.

OFFICE USE ONLY:

This application was received at the office of the Zoning Administrator on

_____ (day, month, year). It has been checked and found to be complete and accompanied by required documents and the appropriate fee of \$ _____

Zoning Director

Action by the Board of Appeals

The Board of Appeals found the following conditions.

1. The variance arises from a condition which (is/is not) unique to the property in question and which is not ordinarily found in the same zoning district, and is not created by an action or actions of the property owner or applicant.
2. The variance (will /will not) adversely affect the rights of adjacent property owners or residents.
3. The strict application of the provisions of the zoning regulations (will /will not) constitute unnecessary hardship on the applicant.
4. The variance (will /will not) adversely affect the public health, safety, morals, order, convenience, prosperity, or general welfare.
5. The variance (will /will not) be opposed to the general spirit and intent of the zoning regulations.

Action by the Board of Appeals: Approve _____ Disapprove _____

Restrictions Imposed: _____

Date

Chairman, Board of Zoning Appeals

Secretary, Board of Zoning Appeals

Certified to the Zoning Director this _____ day of _____, 20_____