

CITY OF AUBURN
ZONING BOARD OF APPEALS APPLICATION

\$200.00 FEE

This application must be filled out completely and returned. You will be notified of the date and time of the meeting. All mailings will be sent to the applicant.

Applicant: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

Owner (If Different than Applicant): _____

Address: _____

Telephone: (____) _____ Fax:(____) _____

Subject Property:

Address: _____

General Location: _____

Legal Description: (Attach if Necessary) _____

(Check One):

_____ Variance Request

_____ Ordinance or Map Interpretation

_____ Appeal from Administrative Decision

Description of Request (Attach Additional Sheets if Necessary):

If you are applying for a variance, please respond to the following questions by answering yes or no:

- Can this property be put to a use which conforms with the Zoning Ordinance without a variance?
Yes No

- Is the problem requiring a variance unique to this property?
Yes No

- Is the problem due to general conditions in the neighborhood?
Yes No

- If the request is granted, will the essential character of the neighborhood be changed?
Yes No

- Is the situation causing the need for the variance self created?
Yes No

A site drawing roughly to scale, indicating lot lines, existing buildings and structures, easements and other relevant features must accompany this application. This drawing shall indicate all relevant lot, structure and spacing dimensions.

I hereby grant personnel involved with the review of this request permission for reasonable entry onto the above property for investigations specifically related to this request.

I further understand that if the requested appeal is granted, I am in no way relieved from all other applicable requirements of the Zoning Ordinance or other applicable regulations.

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____