

VARIANCE APPLICATION

Variance _____

Permit fee \$ _____

CUMING COUNTY PLANNING AND ZONING DEPARTMENT
200 S. Lincoln Street, Room 202, West Point, NE 68788
Phone (402) 372-6008 Fax (402) 372-6013
zoning@cumingcounty.ne.gov

NOTE: *Application of Zoning Permit is required before construction.

Directions: Fill in the following information as accurately and completely as possible.

Use additional paper if more room needed.

This application MUST be filled out by the landowner (Name on the deed).

THIS APPLICATION IS NOT ACCEPTABLE UNLESS ALL REQUIRED INFORMATION IS FURNISHED

Applicant Information:

Name: _____ Email: _____

Address: _____ Phone: _____

Zoning District: _____ **Overlay District:** _____

Legal Description of Property (Include FULL Legal Description below):

Section: _____ Township: _____ Range: _____ Acres: _____ Parcel #: _____

For what section(s) or provision(s) of the zoning regulations are you seeking a variance? _____

What are you proposing to do that requires you to seek a variance of the Zoning Regulations? _____

What is the date that you acquired your property? _____

What is the unique condition under which you are requesting this variance? _____

Was this unique condition created by your own actions? Explain. _____

How will the granting of this variance adversely affect the rights of the adjacent property owners or residents? Explain. _____

Provide evidence that the strict application of the zoning regulations constitute an unnecessary hardship to you? Explain. _____

How will the public health, safety, moral order, convenience, prosperity, or general welfare of the county or community be adversely affected by the granting of this variance? Explain. _____

Will granting this variance oppose the general spirit and intent of the zoning regulations? Explain. _

The Zoning Administrator, who may be accompanied by others, is hereby authorized to enter upon the property during normal working hours for the purpose of becoming familiar with the proposed situation. The Zoning Administrator may contact _____ at _____ to give notice that they are coming to the property at issue.

The above information is, to the best of my knowledge, true and accurate. It is understood and agreed that any error, misstatement, or misrepresentation of fact, either with or without intention on my part, such as might, if known, cause a refusal of this application, or any alteration or change in plans made without the approval of the Zoning Administrator subsequent to the issuance of the zoning permit, shall constitute sufficient grounds for the revocation of such permit. If work described has not begun within one (1) year from the date of issuance, this permit will expire and a new application will need to be filed. Renewal or extensions may be obtained by contacting the Zoning Administrator.

I agree to inform the Zoning Administrator when construction has begun to provide them the time for inspection of proper setbacks.

Signed: _____ Date: _____

Fees:

Variance \$400
Appeal \$400

FOR OFFICE USE ONLY

Public Hearing Date & Time _____

Paid in the amount of \$ _____ Date payment received _____

Recommended _____ Not Recommended _____ Planning/Zoning Administrator

Approved _____ Disapproved _____ Board of Adjustments

Cuming County Planning/Zoning Administrator

Date

Chairman, Cuming County Board of Adjustments

Date