



PLANNING AND ZONING DEPARTMENT
 522 Mechanic Street
 Emporia, KS 66801
 Phone: 620-343-4268
 Fax: 620-343-4262

Sign Variance Application

Date Submitted _____

*** Attach an ownership list, certified by a registered abstractor, listing the legal description, name, and mailing addresses of the owners of all property located within 200 feet of the boundaries of the property for which the rezoning is requested (1000 feet for county applications)**

***Attach a site plan map (2), drawn to scale, showing property lines, roads, driveways, existing and proposed structures, parking stalls, landscaping, fences, and other topographical features.**

(NOTE) AN INCOMPLETE APPLICATION CANNOT BE PROCESSED

	Name	Address	Phone
Applicant			
Owner			

Other Owners and Officers (corporate applications only)

Are there any covenants of record which prohibit the proposed development? Yes: ____ No: ____

Address of the property for which this variance is being requested:

Describe the Location:

Is the property within the City limits? Yes ____ No ____

Zoning District?

Variance requested from provisions of Section _____ of the Zoning/subdivision Regulations.

Describe the Physical Characteristics of the property (number of living units, rental, commercial, single family, etc.):

Attach or provide legal description of the property:

Provide a detailed description of the proposed variance (include the precise amount of desired setback, area, or height variance, etc.)

Date of last survey of the property _____
What is your justification for the variance request?

Provide justification for the proposed variance:

To grant a variance, the Board must find that each of the following conditions has been met. Explain how each condition is met by the property.

1.) There exists a condition that is unique to the property, not ordinarily found in the same zone and not created by the owner or the applicant.

2.) The granting of a variance will not adversely affect the rights of adjacent property owners.

3.) Strict application of the provisions of the applicable regulations will create an unnecessary hardship for the owner.

4.) If granted, the variance will not adversely affect public health, safety, morals, order, convenience, prosperity, or general welfare.

5.) The proposed variance will not be opposed to the general spirit and intent of the regulations.

The following non-conformities exist on this property:

By signing this application, I certify that all of the information I have provided is true and correct. I understand that additional information may be needed, or additional fees may be incurred during the rezoning application process. I understand and agree that it will be my responsibility to provide any additional information requested and to pay any additional fees incurred.

Applicants Signature

Date

Owners Signature

Date

FOR OFFICE USE ONLY		
Fee	Date Paid	Receipt no.
\$150		

Application No.

Hearing Date: