

# Zoning Variance Application

City of Seneca

Planning & Development

Date: \_\_\_\_\_

Fee Due: \$50

Property Owner(s): \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_  
\_\_\_\_\_

Owner(s) Phone #: \_\_\_\_\_

Owner(s) Email #: \_\_\_\_\_

Applicant(s) Name: \_\_\_\_\_

Applicant(s) Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant(s) Phone #: \_\_\_\_\_ Applicant(s) Email: \_\_\_\_\_

Applicant(s) Interest in Property: \_\_\_\_\_

Property Location (a plat must accompany this application): \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Lot Dimensions: \_\_\_\_\_ Lot Area: \_\_\_\_\_

Use of Property: \_\_\_\_\_

Property Characteristics: \_\_\_\_\_

I request:  An Appeal to the decision of the zoning administrator in interpretation of the Zoning Ordinance

A Variance from the following provisions of the Ordinance, section numbers:

\_\_\_\_\_

I (we) attest that there are no recorded deed restrictions or restrictive covenants that apply to this property which are contrary to, conflict with, or prohibit the permitted activity being requested or appealed.

*Signature of Applicant(s):*

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

I (we) certify that I (we) are the free holder(s) of the property(s) involved in this application and further that I (we) designate the individual(s) signing as the applicant(s) to represent me (us) in this Variance.

*Signature of Owner(s):*

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**For Board of Appeals Use:**  Approved  Disapproved Date: \_\_\_\_\_

Signature of the Chairman, Zoning Board of Appeals: \_\_\_\_\_