

APPLICATION FOR A VARIANCE FROM THE ZONING REGULATIONS

This is an application for a variance before the City Board of Zoning Appeals. The form must be completed in accordance with directions on the accompanying instructions and filed with the Zoning Administrator at:

Sedgwick City Hall or FAX: 316-772-5592
520 N. Commercial / PO Box 131
Sedgwick, KS 67135

(AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.)

- 1. Name of Applicant: _____
 Address: _____
 Phone: _____ Email: _____
 Name of Agent, if any: _____
 Address: _____
 Phone: _____ Email: _____

Relationship of Applicant to property is that of: _____
(Owner, Tenant, Lessee, etc.)

- 2. Application is made for a variance as provided for in Section 10-107 of the City Zoning Regulations to permit (describe request):

for property located at _____

and legally described as _____

in the City which is zoned as the _____ District.

3. The Applicant or his/her authorized agent, acknowledges:
- a. That he/she has received instruction material concerning the filing and hearing of this matter.
 - b. That he/she has been advised of the established fee requirements, and that the fee has been paid.
 - c. That he/she has been advised of his/her rights to bring action in the District Court of the County to appeal the decision of the Board of Zoning Appeals.
 - d. That all required documents are attached to this Application for a Variance as noted in the instructions.
 - e. That the Board of Zoning Appeals has the authority to require such conditions as are deemed necessary and reasonable in order to serve the public interest.

Signature: _____, Applicant

Print name: _____

Date: _____, 20__

Signature: _____, Agent (if any)

Print name: _____

Date: _____, 20__

OFFICE USE ONLY

This application was received at _____:_____ (am, pm)
on _____, 20__
by the Zoning Administrator acting for the Board of Zoning Appeals.

It has been checked and found to be complete and accompanied by the required documents and the fee of \$_____.

Signature: _____, Zoning Administrator

Print name: _____

Date: _____, 20__

Provide copy to:
• Applicant and/or Agent