

# Variance/Conditional Use Application to the Salix Board of Adjustment

I/We, the undersigned, do hereby request that you consider this application for:

Variance

Conditional Use

Address of Property: \_\_\_\_\_

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

Please respond to the following questions providing any information requested.

1. Legal description of the subject property:

\_\_\_\_\_

2. Present zoning classification: \_\_\_\_\_

3. Describe the existing uses in the immediate vicinity and explain whether the proposed variance/use would have any adverse effect on surrounding properties.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are there any circumstances unique to the property which do not apply to other properties in the immediate vicinity and which would result in the inability of your property to yield a reasonable return? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What hardship will result if the variance/use is not granted? Explain in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Explain why the conditional use you are requesting is necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please provide any additional information which supports your request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ON PENALTY OF PERJURY, I DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
APPLICANT DATE

\_\_\_\_\_  
OWNER DATE

Office Use:
Filing Fee: \$_____
Date _____ Owners within 200 feet notified (list attached).
Date _____ Board of Adjustments meeting held (minutes attached)
Decision: _____ Approved _____ Denied