

APPLICATION FOR A USE VARIANCE

OFFICE USE ONLY _____
Application No. UV- _____
Date of Application: _____ (Postmarked or Hand Delivered)
Date of Public Hearing: _____
Date of County Referral: _____
Date of Final Action: _____
Date of Filing of Decision with the Municipal Clerk: _____

Appeal Concerns Property at the following address:

County Tax Map Section: _____ Block _____ Lot _____

Zoning District Classification: _____

Date Applicant Acquired Property: _____

(If property is not owned by the applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.)

The applicant's appeal from a decision of the Zoning Enforcement Officer concerns the following:

_____ Denial of an Application for a Building Permit (Attach to Application)

_____ Denial of an Application for a Certificate of Occupancy (Attach to Application)

For the Proposed Activity:

Denial was made based on the following sections of the Zoning Code:

Date of Zoning Enforcement Officer's Decision: _____

State what type of use variance you are requesting: _____

(OVER)

TEST: No use variance will be granted without showing by you (the applicant) that applicable zoning regulations and restrictions have caused unnecessary hardship. The following tests must be met for each and every use allowed by zoning on the property, including uses allowed by special use permit. Below please briefly describe how each of the four variance tests are met. Attach all supporting materials.

1. The applicant cannot realize a reasonable return, as shown by competent financial evidence. The lack of return must be substantial:

Proof: _____

2. The alleged hardship relating to the property is unique. (The hardship may not apply to a substantial portion of the zoning district or neighborhood.):

Proof: _____

3. The requested use variance, if granted, will not alter the essential character of the neighborhood:

Proof: _____

4. The alleged hardship has not been self-created:

Proof: _____

Applicant: _____ *Telephone:* _____

Mailing Address: _____

Signature: _____ *Date:* _____