

**PETITION FOR VARIANCE  
 TO ZONING REGULATIONS**

<b>HEARING FEE: \$150.00</b>	APPLICANT NUMBER: _____ -VAR ATTACH TO COMPLIANCE PERMIT NUMBER: _____
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**PROPERTY OWNER INFORMATION:**

Last Name _____	First Name _____	Home Phone _____	Work/Cell Phone _____
Mailing Address _____	City _____	State _____	Zip _____

**PROJECT LOCATION INFORMATION:**

Project Physical Address _____	City _____	State _____	Zip _____
PARCEL IS LOCATED IN THE _____ QUARTER OF THE _____ QUARTER OF _____ TOWNSHIP, SECTION #: _____			
PARCEL ID: _____	SIZE: _____	ZONING DISTRICT: _____	TAX CLASS: _____

PROPOSED CONSTRUCTION /IMPROVEMENT: DESCRIPTION	DIMENSIONS	PROPOSED USE

PROVIDE **DETAILED DESCRIPTION** OF VARIANCE REQUESTED AND THE REASONS FOR THIS REQUEST:


**THE APPLICANT MUST PROVIDE, AT THE TIME OF SUBMISSION OF THIS APPLICATION:**

- A COMPLETED ZONING COMPLIANCE PERMIT APPLICATION
- PAYMENT FOR ALL APPLICABLE FEES DUE (I.E. HEARING FEE, COMPLIANCE PERMIT FEE, ADDRESSING FEE)
- A SITE PLAN/PLAT OF SURVEY SHOWING THE FOLLOWING:
  - o North arrow and scale
  - o All lot line dimensions and other dimension lines as necessary (distance from proposed structure to all lot lines)
  - o Dimensions of all proposed structures
  - o All roads (and road names) abutting the property and existing or proposed access(es) with a dimension line from the nearest side property line to the center of the driveway
  - o A list of names and addresses of all property owners of record within 200-feet of the project property
  - o Appropriate signed notarized documentation from surrounding property owners (ie. Separation of Distance Waivers) indicating their support of, or lack of opposition to, the proposed variance.

**PERMITS REQUIRED BY THE SECONDARY ROADS OFFICE AND/OR OTHER REQUIRED PERMITS ARE THE RESPONSIBILITY OF THE APPLICANT.**

**Required Fee:** A non-refundable Variance Petition Fee of one-hundred-fifty dollars (\$150) is due upon submission of this document, payable to Sioux County. Additional zoning permit fees may be required for new construction and will be determined on a per project basis. A fee will be assessed for the issuance of an E911 address or replacement marker, if needed for this project.

*The undersigned Petitioner certifies under oath that the foregoing information is true and correct and that the terms and conditions of the approved petition are understood.*

Owner \_\_\_\_\_ Date \_\_\_\_\_ Authorized Agent or Representative \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE PETITION RECEIVED: _____	Date Fee Paid: : _____	Check #: _____
This property <input type="checkbox"/> meets <input type="checkbox"/> does not meet Variance criteria as defined in the Zoning Ordinance.		
Approved separation distances in FEET FT: Front Yard: _____ Rear yd: _____ Side 1: _____ Side 2: _____		
And subject to the following additional conditions: _____		
This Petition is <input type="checkbox"/> Approved <input type="checkbox"/> Denied On this _____ day of _____ by the Zoning Board of Adjustment,		
Signature: Board of Adjustment Chair or Acting Chair _____		Attest: Shane Walter, Zoning Director _____