



**PUBLIC WORKS DEPARTMENT
Variance Request per Minimum Street Design and Access Criteria**

APPLICANT INFORMATION

Applicant _____
Email Address _____
Mailing Address _____
Street/P.O. Box _____ City _____ State _____ Zip Code _____
Telephone Number _____
Home _____ Work _____ Fax _____

Note: If applicant is other than the owner(s), a statement by the owner(s) consenting to this application must be submitted with the application.

Name of Engineer/Surveyor/Agent _____
Email Address _____
Mailing Address _____
Street/P.O. Box _____ City _____ State _____ Zip Code _____

PROJECT INFORMATION

Name of Development (if applicable) _____
Property Address _____
Legal Address of property: Lot _____ Block _____ Subdivision _____

In addition to this request form, the applicant must submit information showing the variance request items and that all of the following conditions exist relative to the variance request:

1. failure to grant the variance would result in practical difficulty for the applicant or would make the project economically unfeasible for the applicant;
2. granting the variance would facilitate project maintenance; and
3. granting the variance would not be detrimental to the public health, safety and welfare.

The variance, if granted, shall only be to the extent necessary to afford a reasonable use of the property.

Applicant's Signature _____ Date _____