



# Variance Application

Opelika Planning Department  
 700 Fox Trail, Opelika, AL 36801  
 (334) 705-5156 Fax (334) 705-5159  
**For Office Use**

Date Submitted:	Zoning Board of Adjustment Meeting Date: <i>2<sup>nd</sup> Tuesday</i>
Case Number:	Meeting Deadline: <i>3<sup>rd</sup> Tuesday of every month</i>

## PART I. OWNER / APPLICANT INFORMATION

Owner Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Agent Name (if applicable) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## PART II. PARCEL INFORMATION

Street Address: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Current

Land Use: \_\_\_\_\_

Type of Variance Sought: \_\_\_\_\_ Sign \_\_\_\_\_ Parking  
 \_\_\_\_\_ Setback \_\_\_\_\_ Other

## PART III. Provide a Brief Description and Reason for the Variance (attach a site plan)

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Setback	Required	Proposed	Amount of Variance
Front			
Side			
Side			
Rear			

## PART IV.

1) Are there extraordinary and/or exceptional conditions to the particular property, which make a variance necessary? \_\_\_\_\_

2) Would the strict application of this ordinance produce an unwarranted hardship not generally shared by others? \_\_\_\_\_

3) Will the proposed variance alter the character of the area? If so, how? \_\_\_\_\_

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**Provide the Names and Addresses of ALL adjoining Property Owners:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**FEES:**

Total Number of Adjoining Property Owners	X \$5.32 =	
	+ Fee	\$75.00
	<b>TOTAL</b>	

**PART V.**

I hereby request that the Zoning Board of Adjustment review a variance request for my property located at (street address) \_\_\_\_\_ . Enclosed are the true and accurate names and addresses of all adjacent property owners. I understand that the City may require additional information, or waive certain requirements, in order to make a decision on the request at any time during the process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date