

VARIANCE

APPLICATION

A Board of Zoning Appeals Process

Instructions

Review [these instructions](#) prior to completing this application.

Pre-Application Requirements

1. Pre-Application meeting date: Click or tap to enter a date.

Application

Applicant/Agent Information

If different from property owner

Full Name(s):

_____ *Print Name(s)*

Company:

Address:

_____ *Street Address*

_____ *City*

_____ *State*

_____ *Zip Code*

Phone No: _____

Email: _____

Property Owner Information

Full Name(s):

_____ *Print Name(s)*

Address:

_____ *Street Address*

_____ *City:*

_____ *State*

_____ *Zip Code*

Phone No: _____

Email: _____

Property Information

Must also apply to rezone annexed parcel to City zoning district

Project name:

General location or address:

Lot no.:

Subdivision: _____

Acres: _____

Legal description (may be attached): _____

Current zoning: _____

Current land use: _____

Proposed land use:

As List in Tables 26-2C-2.2. and 26-2D-4

Responded to Review Criteria?
(Sec. 26-9E-1-E) Yes No

Submitted Site Plan? Yes No

Additional submittals? Yes No If yes, what:

Variance Request Information

Code citation sought to be varied from:

Variance request:

Reason for request:

Signature and Attestation

By signing this application, the owner/applicant attests that all information and facts provided on this form and attachments are complete and accurate, and that any omission or incorrect fact or information may invalidate any notice or subsequent action taken by the Manhattan Urban Area Planning Board or City Commission. All applicants and owners must sign the application.

Applicant

Name: _____ Date: _____
Print Name

Signature

Owner

Name: _____ Date: _____
Print Name

Signature

Owner

Name: _____ Date: _____
Print Name

Signature

Office Use Only

App. No.: _____ Date Received: **Click or tap to enter a date.** _____

App. Fee: \$ _____

Notice Mailed/Published **Click or tap to enter a date.** Public Hearing **Click or tap to enter a date.**
Date: _____ Date: _____

Completeness Determination **Click or tap to enter a date.**
Date: _____



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs, and activities. In order for us to provide a suitable accommodation, we ask that you request what assistance is desired by contacting the Customer Service Office, 1101 Poyntz Avenue, or call 587-2480 or the TDD Kansas Relay Center at 1-800-766-3777. If possible, please give (3) days advanced notice of any accommodation needs. We are here to assist you in any registration or application processes as well.