## APPLICATION FOR A USE VARIANCE

Appeal Concerns Property at the following address:	(Postmarked or Hand Delivered) Date of Public Hearing: Date of County Referral: Date of Final Action: Date of Filing of Decision with the
Tax Map Parcel ID:	Municipal Clerk:
Zoning District Classification:	Mariopai Oleric
Date Applicant Acquired Property:	
(If property is not owned by the applicant, the applicant must subm	nit 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 Enforcemer following:	nt Officer concerns the
Denial of an Application for a Building Permit (Attach	ch to Application)
Denial of an Application for a Certificate of Occupa	ncy (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:	

OFFICE USE ONLY

Application No. UV- \_\_\_\_\_
Date of Application: \_\_\_\_\_

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.

<ol> <li>The applicant cannot realize a reasonal evidence. The lack of return must be s</li> </ol>	able return, as shown by competent financial substantial:
Proof:	
substantial portion of the zoning district	operty is unique. (The hardship may not apply to a tor neighborhood.):
3. The requested use variance, if granted neighborhood:  Proof:	d, will not alter the essential character of the
4. The alleged hardship has not been sel Proof:	lf-created:
Applicant:	Telephone:
Mailing Address:	
Signature:	Date: