



IN ORDER FOR THIS APPLICATION TO BE SCHEDULED FOR A HEARING IT MUST BE TYPEWRITTEN

VARIANCE APPLICATION
BOARD OF ZONING APPEALS
CITY OF WALKER

VARIANCE REQUESTED:

The applicant hereby requests permission to:

(Fully Describe Request for Variance)

The above is contrary to the following sections of the City of Walker Zoning Ordinance

Section: _____

PROPERTY DESCRIPTION:

1. Address _____
2. Listing on Tax Rolls _____

OWNERSHIP:

1. Owner: Name _____
Address _____
2. Applicant: Name _____
Address _____
Phone _____

INFORMATION REGARDING VARIANCE:

1. Zone District _____
2. Use of Existing Premises _____
3. Use of Proposed Premises _____
4. Previous Appeals _____
5. Proposed site plan with dimensions and location of property, buildings, yard, greenbelts, driveways signs and parking must be attached.

Reasons and grounds in support of variance under Section 94-59 (a) through (d), (e) for use variance only of the Zoning Ordinance. The statements below (a) through (d) and (e) for a use variance must be completed on this application in order to constitute a completed application.

(a) Exceptional or Extraordinary Circumstances

(b) Preservation of Rights

(c) No Detriment

(d) Not General Problem

(e) Cannot be used (only for use variance)

The undersigned hereby represents that the information contained in this application and in attachments is true and correct.

Date: _____
Applicant

IN ORDER FOR VARIANCE TO BE ACTED UPON APPLICANT OR REPRESENTATIVE MUST BE PRESENT AT HEARING

FOR BUILDING INSPECTION DEPARTMENT

() Application Complete () Hearing Set: Date _____

() Fee Paid () Notices sent

Receipt NO. _____

TO THE ZONING BOARD OF APPEALS. The undersigned certifies that the above items have been completed.

Building Inspector

() Approved: Date _____ () Tabled To: _____
Date

() Denied: Date _____ By: _____
Chairman

CITY OF WALKER
ZONING BOARD OF APPEALS

APPLICANT INFORMATION (if different than owner)

Name _____ Phone _____

Address _____

OWNER INFORMATION

Name _____ Phone _____

Address _____

PROPERTY INFORMATION

Address or Location _____

Permanent Parcel # _____

Zone District _____ Property Size _____

DESCRIPTION OF PROPOSED USE REQUEST

I hereby attest that the information in this application form is to the best of my knowledge true and accurate.

Signature of Applicant

Date

I hereby grant permission for members of the Walker City Zoning Board of Appeals to enter the above-described property for the purposes of gather information related to this application/request/proposal. (Note to Applicant: This is optional and will not affect any decision on your application).

Owner's Signature Date _____

CITY OF WALKER
 ZONING BOARD OF APPEALS
 2012 MEETING & APPLICATION DEADLINE SCHEDULE

MEETING DATE	APPLICATION DEADLINE NEEDS TO BE IN THE OFFICE BY 5:30 P.M.
11-Jan	12-Dec
25-Jan	26-Dec
8-Feb	9-Jan
22-Feb	23-Jan
14-Mar	6-Feb
28-Mar	20-Feb
11-Apr	12-Mar
25-Apr	26-Mar
9-May	9-Apr
23-May	23-Apr
13-Jun	7-May
27-Jun	21-May
11-Jul	11-Jun
25-Jul	25-Jun
8-Aug	9-Jul
22-Aug	23-Jul
12-Sep	13-Aug
26-Sep	27-Aug
10-Oct	10-Sep
24-Oct	24-Sep
14-Nov	8-Oct
12-Dec	12-Nov

The Zoning Board of Appeals meets on the second and fourth Wednesdays of every month. All meetings begin at 7:00 P.M. and are held at the City of Walker Commission Chambers, 4243 Remembrance Rd.

NOTE: There will be one meeting held in November and December