



Application for Variance

CITY OF BELVEDERE • PLANNING DEPARTMENT
450 SAN RAFAEL AVE • BELVEDERE, CA 94920-2336
PH. 415-435-3838 • WWW.CITYOFBELVEDERE.ORG

For Staff Use Only

Date: _____ Rec'd. by: _____ Amount: _____ Project No.: _____
Assessor Parcel No: _____ Zone: _____

To Be Completed by Applicant

Address of Property: _____
Record Owner of Property: _____
Phone: _____ Email: _____
Address: _____
Owner's Representative: _____
Phone: _____ Email: _____
Address: _____

Description of project and variance(s) requested:

<u>ORDINANCE §</u>	<u>REQUIREMENT</u>	<u>EXISTING</u>	<u>PROPOSED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Project Address: _____

I hereby apply for a variance from the strict interpretation of the Belvedere Zoning Ordinance to permit the construction described on the previous page. I propose that the Planning Commission make the following findings of fact in order to grant the requested variance:

- A. The granting of this variance will not constitute a grant of special privilege inconsistent with the limitations upon other properties in the vicinity and zone in which such property is situated because:

- B. Because of special circumstances applicable to the property, including size, shape, topography, location, or surroundings, the strict application of the Zoning Ordinance section would deprive this property of privileges enjoyed by other property in the vicinity and under identical zoning classification, so that a denial of the application would result in undue property loss, as follows:

- C. The granting of this variance will not be detrimental to the public health, safety or welfare, or injurious to the property or improvements of owners of other premises, or to the quiet enjoyment of their premises because:

I, the undersigned owner of the property herein described (or owner representative, as authorized by completion of a Statement of Ownership and Designation of Representative), hereby make application for the variance requested, and I hereby certify that the facts, statements and information presented herein and in the attached exhibit(s) are true and correct to the best of my knowledge and belief.

I understand that the contents of this document are a Public Record.

Signature: _____

Name: _____

Date: _____