EST. 1859

CRAWFORDSVILLE

ARKANSAS

VARIANCE APPLICATION

PROPERTY & APPLICANT INFORMATION

PROPERTY ADDRESS: **PARCEL #:**

PROPERTY OWNER(S):

MAILING ADDRESS:

PHONE: **EMAIL:**

APPLICANT (IF DIFFERENT FROM OWNER):

ORDINANCE REQUIREMENT & VARIANCE REQUESTED

ORDINANCE TITLE & NUMBER:

SECTION / SUBSECTION:

ORDINANCE REQUIREMENT / SECTION VERBIAGE: *Quote or summarize the requirement that applies to the property.*

DESCRIPTION OF VARIANCE REQUESTED: *State specifically what requirement you are asking the City to vary and the proposed deviation.*

REASON / JUSTIFICATION FOR VARIANCE: *Explain the property-specific circumstances, hardship, or practical difficulty supporting the request.*

SUPPORTING DOCUMENTS ATTACHED: ☐ Site Plan/Sketch ☐ Photographs ☐ Survey (if applicable)

☐ Other:

APPLICANT CERTIFICATION: I certify that the information provided in this application and any accompanying documents are true and correct to the best of my knowledge. I understand that submission of this application does not constitute approval and that any variance is effective only upon approval by the City in accordance with applicable ordinances and procedures.

PROPERTY OWNER / APPLICANT SIGNATURE **DATE**

FOR OFFICIAL CITY USE

DATE RECEIVED: **DATE REVIEWED / HEARD:**

DECISION: ☐ APPROVED ☐ APPROVED WITH CONDITIONS ☐ DENIED

FINDINGS / BASIS FOR DECISION:

CONDITIONS / STIPULATIONS OF APPROVAL:

AUTHORIZED OFFICIAL / COMMITTEE MEMBER: **DATE:**