

CITY OF CANNON BEACH

OFF-STREET PARKING & LOADING FACILITIES VARIANCE REQUEST APPLICATION

Please fill out this form completely. Please type or print. Applicant Name: Mailing Address: Email Address: Telephone: Property-Owner Name: _____ (if other than applicant) Mailing Address: Email Address: Telephone: Property Location: (street address) Map No.: _____ Tax Lot No.: _____ **VARIANCE REQUEST:** 1. Description of variance that is being sought. Description of the proposed building plans pertinent to the variance request. 2. 3. Justification of the variance request. Explain how the request meets each of the following criteria for granting a variance. a. That neither present or anticipated future traffic volumes generated by the use(s) of the site or

uses(s) of sites in the vicinity require the strict or literal interpretation and enforcement of the

	requirements of the title; or the granting of the variance will protect a wetland or wetland buffe area.	
b.	That a reduction will not result in will interfere with the flow of tra	the parking/loading of vehicles on public streets in a manner that ffic or streets.
c.	c. That a reduction will not create a safety hazard or any other condition inconsistent with the objectives of the Zoning Ordinance or the policies of the Comprehensive Plan.	
dimension	ns of the property, adjacent street(s development.	the above questions. Attach a scale-drawing showing the s), dimensions of existing structures, and dimensions of
Applicant Signature:		Date:
Property Owner Signature:		Date:
		owner hereby grants permission for the applicant to act on his/her ne number, and signature of any additional property owners.
For Staff U	lse Only:	
Received of Fee Paid:	on:	By: Receipt No.:
Fees:		
803 - Plan (Last revisa	ning \$500 ed March 2021)	