



CITY OF CANNON BEACH

VARIANCE REQUEST APPLICATION

Please fill out this form completely. Please type or print.

Applicant Name: _____

Email Address: _____

Mailing 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 (setback, height, access requirement, etc.)

2. Description of the proposed building plans pertinent to the variance request.

3. Justification of the variance request. Explain how the request meets each of the following criteria for granting a variance.
 - a. How would a literal application of the Zoning Ordinance requirement impose a practical difficulty or an unnecessary hardship, and how would the application of the requirement be inconsistent with the objectives of the Comprehensive Plan?

- b. Explain any exceptional or extraordinary circumstances or conditions that are applicable to this property or to the intended use of the property which do not generally apply to other properties in the same zone.

- c. Explain why the granting of the variance will not be detrimental to the public health, safety, or welfare, or materially injurious to properties or improvements in the near vicinity.

- d. Explain how this request, if granted, would support policies contained within the Comprehensive Plan.

- e. Explain why this request is not a self-imposed hardship or difficulty.

Use extra sheets, if necessary, for answering the above questions. Attach a scale-drawing showing the dimensions of the property, adjacent street(s), dimensions of existing structures, and dimensions of proposed development.

Fee: \$500.00

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

If the applicant is other than the owner, the owner hereby grants permission for the applicant to act on his/her behalf. Please attach the name, address, phone number, and signature of any additional property owners. As Property Owner, my signature or an authorized applicant's signature, allows any duly authorized employee of the City to enter upon all properties affected by this permit for the purpose of follow-up inspection, observation, or measurement.

For Staff Use Only:

Received on: _____ By: _____

Fee Paid: _____ Receipt No.: _____

Fees:

803 - Planning \$500

(Last revised March 2021)