



CITY OF OWENS CROSS ROADS

P.O. Box 158 / 9032 Highway 431 S. Owens Cross Roads, AL 35763
Tel: (256) 725-4163 Website: www.owenscrossroadsal.gov
Please return completed form to lora.martin@owenscrossroadsal.gov

Zoning Variance Application

Project Description

Project Name: _____
Project Address: _____
Owner Name: _____
Owner Address: _____
City: _____ State: _____ Zip: _____
Owner Phone: _____ Email: _____

Property Use Information:

Current Use of Property: _____
Current Zoning: _____
Property Size: _____ acres
Proposed Use of Property: _____
Proposed Change Involves (check all applicable):

- New Construction Addition Renovation
 Change of Use Code Enforcement Action

Type of Variance Requested:

- Principal Structure Accessory Structure

<u>Requested Change</u>	<u>Zoning Requirement</u>	<u>Proposed Variance</u>
<input type="checkbox"/> Front Yard Setback	_____ Feet	_____ Feet
<input type="checkbox"/> Side Yard Setback	_____ Feet	_____ Feet
<input type="checkbox"/> Rear Yard Setback	_____ Feet	_____ Feet
<input type="checkbox"/> Minimum Lot Size	_____ Feet	_____ Feet
<input type="checkbox"/> Minimum Lot Width	_____ Feet	_____ Feet
<input type="checkbox"/> Building Coverage	_____ Feet	_____ Feet
<input type="checkbox"/> Building Height	_____ Feet	_____ Feet
<input type="checkbox"/> Fence Height	_____ Feet	_____ Feet
<input type="checkbox"/> Landscaping	_____ Feet	_____ Feet
<input type="checkbox"/> Number of Parking Spaces	_____	_____
<input type="checkbox"/> Size of Parking Spaces	_____ Ft x Ft	_____ Ft x Ft
<input type="checkbox"/> Sign Height	_____ Feet	_____ Feet



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Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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City: _____ State: _____ Zip: _____

Special Conditions/Circumstances:

The applicant must prove that special conditions and/or circumstances exist which are peculiar to the land structure or building involved and which are not applicable to other lands, structures or buildings in the same zoning district. Zoning violations or non-conformities on neighboring properties shall not constitute grounds for approval of any proposed zoning variance. What are the special conditions and circumstances unique to your property?

Deprivation of Rights:

The applicant must prove that literal interpretation of the provisions of the Zoning Ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district. Would denial of this variance deprive you of rights commonly enjoyed by other property owners in similar situations?



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Not Self-Created:

The applicant must prove that the special conditions and circumstances do not result from the actions of the applicant. How were the special conditions described above created?

No Special Privilege:

The applicant must prove that approval of the zoning variance requested will not confer on the applicant any special privilege that is denied by the Ordinance to other lands, buildings, or structures in the same zoning district. Would approval of this variance allow you to do something that other property owners in the same situation would not be allowed to do?

Grounds for Issuance:

No nonconforming use of neighboring lands, structures, or buildings in the same district and no permitted use of lands, structures, or buildings in other districts shall be considered grounds for the issuance of a variance. The applicant must indicate that this application is based solely on a hardship associated with the identified property. Provide any additional information or reasoning that further justifies the approval of this variance request. Continue on another sheet, as required.



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Certification of Application:

By my signature below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of this application. I further understand that an incomplete application submittal may cause my application review to be deferred until all requested information is provided to the satisfaction of the City Planning Commission. I authorize unannounced inspections of the subject property by City staff for the purpose of collecting information to review and analyze this request.

Applicant Signature: _____ **Date:** _____