

General Waiver Justification:

In order to justify approval of any waiver, the Planning Commission or Board of Zoning Adjustment considers four criteria. Please answer all of the following questions. Use additional sheets if needed. **A response of yes, no, or N/A is not acceptable.**

1. Will the waiver adversely affect adjacent property owners?

The waiver will not adversely affect the adjacent property owners. It applies only to the owner's property.

2. Will the waiver violate the Comprehensive Plan?

The waiver will not violate the Comprehensive Plan. The intention is to construct a single family home, developing a currently vacant lot, conforming to Goal 3, Objective A.

3. Is extent of waiver of the regulation the minimum necessary to afford relief to the applicant?

Yes. The lot is unbuildable with required parking set at the rear of the proposed home. Parking must be located underneath the building to allow adequate parking.

4. Has either (a) the applicant incorporated other design measures that exceed the minimums of the district and compensate for non-compliance with the requirements to be waived (net beneficial effect) or would (b) the strict application of the provisions of the regulation deprive the applicant of the reasonable use of the land or would create an unnecessary hardship on the applicant?

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Yes to point (b). The lot is substandard. It would be undevelopable without this waiver.

Contact Information:

Owner: ☐ Check if primary contact

Applicant: ☐ Check if primary contact

Name: Please see

Name: _____

Company: following page

Company: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Primary Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: _____

Email: _____

Owner Signature (required): _____

Attorney: ☐ Check if primary contact

Plan prepared by: ☐ Check if primary contact

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Primary Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: _____

Email: _____

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Certification Statement: A certification statement **must be submitted** with any application in which the owner(s) of the subject property is (are) a limited liability company, corporation, partnership, association, trustee, etc., or if someone other than the owner(s) of record sign(s) the application.

I, _____, in my capacity as _____, hereby