**ZONING VARIANCE APPLICATION**  *For Office Use*

Application #

**Contact Information:** Application Fee:

Publication, mailing, and hearing costs are the

Date of Application: responsibility of the applicant and separate from the application fee.

Applicant’s Name(s): Applicant’s Address:

Phone Number: Cell Number: Email:

Agent/Attorney Name: Agent/Attorney/Firm:

Agent/Attorney Phone Number: Email:

**Application History**

Have any previous applications been made for a similar text amendment to the Christian County Zoning Ordinance?

Yes No

If yes, please provide specific details (Date, application number, etc.)

(CONTINUED ON NEXT PAGE)

**Variance Application**

1. Please identify the Township, Parcel Number and Address:

2. State the reason(s) for the proposed Variance:

I, the applicant, hereby declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I also certify that I understand that I am responsible for the initial application filing fee due at the time of submission of the application, the costs of notice (including publication and mailing), and court reporter costs at the ZBA hearing.

Applicant’s Signature:

Applicant’s Printed Name:

Date:

**ZONING ADMINISTRATOR’S RECEIPT**

**Application for Variance**

Application Number:

A. The Christian County Zoning Administrator certifies the following:

\_\_ that this Application for Variance is complete;

\_\_ the initial filing fee has been paid in full; and

\_\_ Applicant has submitted 16 copies of the Application.

B. This application will be transmitted to the ZBA:

\_\_ with comments or recommendation.

\_\_ without comments or recommendation.

Christian County Zoning Administrator Date

Initial ZBA Hearing Date: