A **Dimensional Adjustment** allows a building, structure, parking area or street to be built with a minor adjustment to required dimensional standards in the Land Use Code. A **dimensional adjustment** request must be heard by the Planning and Zoning Commission.

*NOTE:* Please fill out entire application and submit with ten (10) copies of all required documents listed below. *DO NOT* include copies of applications. The application fee is $75.00.

**REQUIRED DOCUMENTS:**
- [ ] Site plan of project showing setbacks and footprint of all structures within property boundary;
- [ ] Proof of ownership (copy of deed)
- [ ] Paragraph explaining the reason for the dimensional adjustment request. The proposal must comply with Section 6.3.18 of the 2010 Land Use and Zoning Code

**DIMENSIONAL ADJUSTMENT to (cite section from Land Use Code):**

**PROJECTED PROJECT AND REASON FOR VARIANCE:**

**PROPERTY INFORMATION:**

Property street address:

Adjacent streets

Zoned (please circle one): Rural Res A Res B Res C Commercial Industrial

Located in floodplain?  [ ] No  [ ] Yes: FEMA map #

Gross floor area of all structures located on the property:

**LEGAL DESCRIPTION:**

Platted: Lot(s) Block(s)

Subdivision/Addition

Section_________ Township_________ Range_________

Total area: ______ square feet Property code: 3-____-____-____-

(The property code # can be obtained from the County Assessor’s Office or from the tax bill)

See Other Side
APPLICANT INFORMATION:
Name: __________________________ Proprietary interest in property: ________________________
Mailing address: ________________________________________________________________
Phone: ___________________ Alternate phone: _______________ Email: ________________

OTHER CONTACT (Agent/Surveyor/Other):
Name: __________________________ Title: __________________________
Name of business: _____________________________________________________________
Mailing address: ______________________________________________________________
Phone: ___________________ Alternate phone: _______________ Fax: __________________

APPLICANT STATEMENT
“As the Applicant, I state that the information provided in this Application and all attachments are true and accurate to the best of my knowledge. I understand that inaccurate information may result in delayed review and scheduling of this item before the Planning and Zoning Commission.”

Signature of Applicant __________________________ Date __________________________

FOR PLANNING STAFF USE ONLY
Fee: $75.00 cash/ck#: ___________ Paid: ___________ Receipt #: __________________
To be heard by the Planning and Zoning Commission on __________________________

Decision of Planning and Zoning Commission

_____ Approved
_____ Denied
_________________________ Date of Planning and Zoning Commission hearing
_________________________ Staff initials

Conformance with conditions of approval verified:

By __________________________ Date __________________________

5/31/2019