



VARIANCE APPLICATION

1. APPLICANTS

Name _____ Phone _____

Address _____

TITLE HOLDER OF THE SUBJECT PROPERTY:

Name _____ Phone _____

Address _____

REPRESENTATIVE:

Name _____ Phone _____

Address _____

2. SPECIFIC DIRECTIONS TO PROPERTY:

3. DESCRIPTION OF SUBJECT PROPERTY:

Property I.D. NO(s). _____

Twp _____ Rng _____ Sec _____ Tax Lot Number(s) _____

4. GENERAL DESCRIPTION OF SUBJECT PROPERTY:

Size in acres or square feet _____

Current Use: _____

Topography: _____

Does it front a public road? _____ Name of Road: _____

Does it front a private road? _____ Name of Road: _____

Identify all structures and any other improvements which are on the property: _____

5. GENERAL DESCRIPTION OF THE ADJOINING PROPERTY:

Identify any buildings or structures or other improvements within 500' of your property and give their approximate distances from your property lines:

Describe surrounding current uses: _____

6. Describe your proposed development and indicate how it will deviate from the specific requirements of Section 4 of the LUDO:

7. What proposed improvement do you plan for the subject property.

VARIANCE CRITERIA

1. What unique circumstances are applicable to the property which do not apply generally to other properties in the same zone or vicinity which result from lot size or shape, topography or other circumstances?

2. Is the variance necessary for the preservation of a property right of the applicant? (Not applicable for the review of access or road standard requirements.) Explain:

3. Would any aspect of the variance be materially detrimental to property in the same zone or vicinity or otherwise conflict with the Comprehensive Plan? Explain:

4. Is the variance requested the minimum variance necessary to make reasonable use of the property? Explain:

5. Explain why the variance is *not* the result of a self-created hardship.

SIGNATURE REQUIRED:

We, the undersigned _____, are the titleholders of the property described in this application and hereby certify that the statements and information contained herein are in all respects true, complete and correct to the best of our knowledge and belief.

Signed: _____

Date: _____

A lessee or agent of the property owner may sign this application provided that written permission from the property owner is attached to this application.

FEE: A non-refundable fee as specified in the most recent "Winston Land Use Action Fee Schedule", must accompany this application. Make all checks payable to the Winston Planning Department.

REQUEST FOR EXTENSION OF TIME FOR FINAL LOCAL DECISION

The Winston Municipal Code authorizes the City Manager to choose, in his discretion, whether to make a City Manager’s decision (subject to possible appeal to the Planning Commission) or to refer applications directly to the Planning Commission for the initial County decision. A City Manager’s decision that is not appealed generally becomes the City’s final decision faster than an application that is referred directly to the Planning Commission for the initial City decision. Whether an applicant grants an extension of the time limit set forth in the “120/150 Day Rule” (see ORS 215.427) is up to the applicant. The applicant may grant two extensions, not to exceed a total of 215 days. The County will not compel an applicant to grant an extension of the time limit as a condition for taking any action on an application.

I (We), as applicant(s) in this request for approval of a:

EXTENSION (115 Days / 145 Days):

I (We), as applicant(s) hereby irrevocably extend the date for the final County decision on the above request to the _____ day of _____, 20____.

Signed: _____
Applicant

Signed: _____
Applicant

FINAL EXTENSION (100 Days) if necessary:

I (We), as applicant(s) hereby irrevocably extend the date for the final County decision on the above request to the _____ day of _____, 20____.

Signed: _____
Applicant

Signed: _____
Applicant

COMPLETENESS CHECK

This application has been inspected by me and found to be sufficiently complete to initiate the review process.

Planner: _____

Fee Receipt No: _____

Date: _____