

Application to be processed for _____

DO NOT WRITE IN THIS SPACE

Date Submitted _____	Date Notice Sent _____
Application No. _____	Date of Public Hearing _____
Filing Fee \$ _____	Abutting Property Owners List Rec'd _____
Treasurer Receipt No. _____	P.C. Recommendation App Disapp Date _____
Date Advertised _____	B.O.C Action App Disapp Date _____
Permit No. _____	School Board App Disapp Date _____
ATTEST: _____	
Pierce/Madison Zoning Administrator	Chair, Pierce/Madison Board of Adjustment
Dated this _____ day of _____, 20__.	

APPLICATION FOR A VARIANCE

__ Madison County __ Pierce County __ Battle Creek __ Madison City __ Meadow Grove __ Newman Grove __ Tilden

DIRECTIONS:

1. Fill out the form completely. Please print or type. Use additional sheets if needed.
2. Filing fee: \$130.00. Make check payable to Madison or Pierce County Treasurer depending on application location.
3. Contact Madison or Pierce County Planning and Zoning Department if you have any questions.
4. Submit a list of property owners within 1,000 feet for Madison County and 300 feet for Pierce County and all cities and villages, prepared by a certified abstractor.

Name _____
Address _____ City _____ State _____
ZIP _____ Home Phone _____ Work Phone _____

1. Present Use of Subject Property _____

2. Present Zoning _____

3. Section _____ Township _____ Range _____ Lot No. _____

4. Complete legal description _____

5. From what sections of the Zoning and Subdivision Regulations are you seeking a variance from? _____

6. What are you proposing to do? _____

7. What is the date you acquired your property? _____

8. Under what hardship are you seeking a variance? _____

MADISON COUNTY JOINT PLANNING AND ZONING DEPARTMENT
Phone (402) 370-3577 Fax (402) 370 3581 1112 Bonita Dr. Norfolk, NE 68701
PIERCE COUNTY PLANNING AND ZONING DEPARTMENT
Phone (402) 329-4600 111 W Court Room 6 Pierce, NE 68767

9. Was this hardship created by your own actions? ____ Yes ____ No
10. Does the strict application of the provisions of the Zoning and Subdivision Regulations of which you are seeking a variance from constitute this hardship?
____ Yes ____ No Explain: _____

11. Do you feel the granting of a variance will adversely affect the rights of adjacent property owners or residents? ____ Yes ____ No Explain: _____

12. Do you feel the granting of this variance will oppose the general spirit and intent of the Zoning and Subdivision Regulations? ____ Yes ____ No Explain: _____

THE ZONING ADMINISTRATOR, WHO MAY BE ACCOMPANIED BY OTHERS, IS HEREBY AUTHORIZED TO ENTER UPON THE PROPERTY DURING NORMAL WORKING HOURS FOR THE PURPOSE OF BECOMING FAMILIAR THE PROPOSED SITUATION.

Application Fee is Non-Refundable

_____	or	_____
Signature of Owner		Signature of Agent
_____		_____
Date		Date