CITY OF WINFIELD
VARIANCE APPLICATION

PART I. APPLICANT DATA

Name of Applicant: ________________________________

Mailing Address: __________________________________

Telephone: ______________________________________

Signature: _______________________________________

PART II. PARCEL DATA

Owner of Record: _________________________________

Mailing Address: __________________________________

Tax Map I.D. #: _________________________________

Parcel Area: ________________________________

Existing Land Use: ________________________________

Existing Zoning: ________________________________

PART III. REQUEST

Proposed land use: ________________________________

Existing land use: ________________________________

Zoning: ________________________________

PART IV. ENCLOSURES (Check all required enclosures with this application)

________ Plot Plan

________ Vicinity Map

________ Public Hearing notices.
Stamped legal-size envelopes addressed to adjacent property owners.

NOTICE: The completed application, including all required attachments, must be filed at least 30 days before the Zoning Board of Adjustment hearing. The applicant must be present at the hearings.

PART V. FOR OFFICE USE ONLY:

Case # ________________________________

Date received: __________________________

By: _________________________________

Scheduled Public Hearing date: __________