



City of Clatskanie
PO Box 9
Clatskanie, OR 97016
Phone (503) 728-2622 Fax (503) 728-3297

APPLICATION FOR VARIANCE

Name of Applicant or Agent: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Property Location: _____ Total Acreage _____

Property Tax Account Number: _____

List other contiguous property under your ownership: _____

Present use of the property: _____

Please address the following criteria for granting a variance:

1. Describe how granting the variance will not adversely affect the realization of the comprehensive plan, will not violate any other provision of Title 9 of this code, and will not create any significant obstacle to implementation of the plan and the zoning code.
2. Describe how granting the variance will not be detrimental to the public safety, health or welfare of be injurious to the property, adjoining properties, the neighborhood, or the community, or reduce the value of nearby property.
3. Describe how the conditions upon which the request for a variance is based are not generally applicable to other property due to the size, shape, topography, or location of the site or the location of existing buildings or other conditions.
4. Describe how granting the variance will not result in a use that is not otherwise permitted in the zoning district the variance is being requested.
5. Application must include a site plan drawn to scale, showing dimensions and arrangement of proposed development, as well as the adjacent land uses within fifty feet (50') of the sites' property lines.

I hereby certify that the statements contained in this application along with the documents submitted are in all respects true and correct to the best of my knowledge.

Date _____ Signature _____

FOR STAFF USE ONLY	
Receipt No. _____	Filing Fee _____
Hearing Date _____	Received by _____
Date Application Received _____	