

CITY OF WESTPORT
PO Box 505
WESTPORT, WA 98595
360-268-0835

Official Use Only
Fee _____
Date Received _____
By _____
File No. _____

APPLICATION FOR VARIANCE

Fee: \$458.00 + Hearings Examiner Fees
(In addition, any professional service charges per Westport Ordinance #1285.)

Variations are for the modification of size, dimension or design requirements in situations where unusual physical conditions of the property, such as shape or topography, make it impossible or unduly difficult to meet requirements of the zoning district or other City standards. The power to vary is limited to the minimum change necessary to overcome the inequality inherent in the property.

Variations are granted only when the following specific circumstances exist:

1. The change must not constitute a rezone. It must not be for a use not permitted in the zone.
2. Special physical conditions must exist on the property which makes ordinary standards or requirements impossible to meet, or which would cause undue hardship.
3. The special conditions peculiar to the property must not result from actions of the applicant.
4. The variance must not confer a special privilege that is denied to other properties in the same zone.

NAME OF PROJECT _____

APPLICANT _____
Mailing Address _____
City, State and Zip _____
Telephone _____

OWNER _____
Mailing Address _____
City, State and Zip _____
Telephone _____

ENGINEER/ARCHITECT/OTHER _____
Mailing Address _____
City, State and Zip _____
Telephone _____

SUMMARY OF REQUEST _____

PROPERTY LOCATION
General Location _____
Site Address _____
Section _____ Township _____ Range _____
Assessor's Tax Parcel Number _____
Full legal description of subject property (attach separate sheet if necessary) _____

**PLEASE ANSWER THE FOLLOWING QUESTIONS
ATTACH EXTRA PAGES IF NECESSARY**

1. List the provision(s) of zoning or other standards from which you are seeking a variance _____

2. Floor space and use of buildings on site:
Existing _____
Proposed _____
3. What are the exceptions or extraordinary circumstances which lead you to believe you are entitled to a variance? Please describe the special conditions of this site. _____

4. Please explain why the hardship should not be regarded as self-imposed. (Self-imposed hardships are not entitled to a variance.) _____

5. If your variance request is granted, would it grant you a special privilege that is denied to others? Explain. _____

6. How will granting the variance not be detrimental to the public welfare or to properties in the vicinity? _____

7. Is this the minimum variance that will make possible the proposed use of the land? Yes No
Explain. _____

8. How will the granting of the variance be consistent with the purpose and intent of the zoning ordinance? _____

ATTACHMENTS:

- * Mail labels (8 1/2x11 sheet) of Owners of Property within 300 feet (include Assessor's Tax Parcel numbers and map.)
- * A site plan of the property not larger than 11" x 17", showing the following:
 1. The location of all existing and proposed structures, including buildings, fences, roads & streets.
 2. Setbacks from property lines.
 3. The boundaries of the property proposed to be developed.
 4. All means of access to and from the site, and size and location of driveways.
 5. The location and design of off-street parking areas showing their size and location.
 6. The specific dimensions and location of the variance requested.
- * **The site plan must be at a scale of not less than 20 feet to an inch and not more than 100 feet to an inch.**

I affirm that all answers, statements and information above and submitted with this application are complete and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site or am duly authorized by the owner to act with respect to this application. Further, I grant permission from the owner to any and all employees and representatives of the City of Westport and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. I agree to pay all fees of the city, which apply to this application.

Signed _____ Date _____

ADJACENT PROPERTY OWNERS LIST

PROJECT: _____

**Please submit an adjacent property owners mailing list.
Include all property owners within 300 feet of subject parcel.**

Addresses are to be obtained from:

**Office of Grays Harbor County Assessor
100 W. Broadway
Montesano, WA 98563
Phone: 360-249-4121**

*****Please be sure to also include the mailing information for the:
OWNER, APPLICANT, ENGINEER/ARCHITECT & REPRESENTATIVE.**

SEE EXAMPLE BELOW

<p>SAMPLE</p> <p>Joe Jones PO Box 1900 Westport, WA 98595</p>
