



City of Waterford
312 E Street
Waterford, CA 95386

www.cityofwaterford.org

APPLICATION
**ZONING
VARIANCE**
Please Type or Print
FEE DEPOSIT \$300.00

File No.	
Approved	
Department Use Only	

GENERAL INFO	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	ZONING
	NAME OF PROPOSED PROJECT		GENERAL PLAN DESIGNATION
	APPLICANT NAME	BUSINESS PHONE	HOME PHONE
	APPLICANT ADDRESS	CITY	STATE ZIP
	APPLICANT REPRESENTATIVE	BUSINESS PHONE	HOME PHONE
	APPLICANT REPRESENTATIVE ADDRESS	CITY	STATE ZIP
	PROPERTY OWNER NAME* (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE	HOME PHONE
	PROPERTY OWNER ADDRESS	CITY	STATE ZIP

* In the case of a partnership, all general and limited partners shall be identified. In the case of a corporation, all shareholders owning 10% or more of the stock and all officers and directors shall be identified. Please use the Partnerships & Corporations form.

PROJECT INFO	PROJECT DESCRIPTION - Attach a separate sheet providing the following information:
	1. Describe your project.
	2. State what section of the Zoning Code you are requesting a Variance from. Explain why.
	3. Describe how all of the following conditions are found to exist on your property:
	A. There are peculiar and unusual physical conditions existing on the subject property. Such conditions are unique and not common to all or most properties in the immediate area with the same zoning.
	B. A hardship peculiar to the subject property does exist and is caused by above conditions. The hardship was not created by any act of the owner and is not based on personal, family or financial difficulties.
	C. The Variance is necessary to gain a basic property right possessed by other properties in the vicinity with the same zoning. The Variance would not constitute a special privilege granted only to the subject property.
	D. The Variance will not adversely affect adjacent properties and will not be in conflict with the public interest or the purpose and intent of the Zoning Code or General Plan.

SUBMITTAL INFORMATION - See staff to determine which requirements apply.
<input type="checkbox"/> 10 Copies of site plan showing all dimensions. Plans <u>must</u> be either reduced to 11 x 17 or folded to 8 1/2 x 14 max.
<input type="checkbox"/> Vicinity Map with North Arrow <input type="checkbox"/> Indemnification Agreement
<input type="checkbox"/> Neighborhood Context Map <input type="checkbox"/> Site Analysis Map

PROPERTY OWNER'S CONSENT - I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application. X _____

DEPT	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	PUBLIC HEARING	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	ENVIRONMENTAL REVIEW	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT CLASS _____	DATE	FEE RECEIVED \$	RECEIPT NUMBER