

FRONTIER COUNTY
P.O. BOX 40
STOCKVILLE, NE 69042-0040
(308) 367-8641

Application Number _____
\$100.00
Administrative Fee

Date of Application _____

APPLICATION FOR VARIANCE/APPEAL/INTERPRETATION
(Appeal to the Board of Zoning Adjustment)
(An approved Application is valid for one (1) year from the date of approval)

1. Applicants Name _____
Address _____ Phone No. _____
2. Address of Property _____
Legal description Section _____ Township _____ N. Range _____ W.
Lot _____ Block _____ Subdivision _____
3. Property presently zoned as AG-1 Agricultural District AG-R Agricultural Residential District
 HC Highway Commercial District I Industrial Other
4. Property located in School District _____ Total Acres _____
5. Current use of Property _____
6. Proposed use of property _____
7. Attach a complete site plan, (site plan requirements are included with this application form).
8. Submit a complete list of names, legal description and address of all property owners of record, within 300 feet in incorporated areas and 2 miles in unincorporated areas, of the described property.
9. Reason for Request:
 - A. ADMINISTRATIVE ERROR
Applicant claims that there is an error in the order, requirement, decision, or refusal made by an administrative official or agency based on Frontier County Zoning regulations?
_____ Yes _____ No
If yes please explain. _____
 - B. MAP INTERPRETATION:
Applicant requests the interpretation of specific map? _____ yes _____ no
If yes please describe the map and the area needing interpretation. _____
 - C. VARIANCE: (Note: By Nebraska Statute, for the Board of Adjustment to have jurisdiction over a variance request, applicant must be able to substantiate a "yes" answer given for any of the following questions 1, 2 and 3;
 - 1.) Does applicant have an interest in real property in which its shape is exceptionally narrow, shallow or unusual at the time of the adoption of the zoning regulation, (Frontier County December 6, 1999) so as to cause extreme difficulty or exceptional hardship if compliance is made to the regulations _____ Yes _____ No

If yes please explain. _____

2.) Does the strict application of a zoning regulation result in peculiar and exceptional difficulties, or exceptional and undue hardship to the applicant because of exceptional topographical conditions or other extraordinary situations or conditions for described property?

_____ Yes _____ No If yes please explain. _____

3.) If applicant answered yes to either question 1 or 2 can relief be granted without causing substantial detriment to the public good? _____ Yes _____ No.

Or without substantially impairing the intent or purpose of any current zoning regulations? _____ Yes _____ No

If yes explain reasoning and or position. _____

4.) Can applicant reasonably prove to the Board of Adjustments that:

a) The strict application of the Zoning Regulation would produce undue hardship? _____ Yes _____ No

b) Such hardship is not shared by other properties in the same zoning district? _____ Yes _____ No

c) The authorization of such variance will not be substantial detriment to adjacent property and the character of the zoning district will not be changed by granting the variance? _____ Yes _____ No

d) The granting of such variance is based upon reasons of demonstrable and exception hardship as distinguished from variations for purposes of convenience, profit, or caprice? _____ Yes _____ No

10. Additional data or comments in support of application: _____

Signature of Applicant/Owner _____ Date _____

FRONTIER COUNTY BOARD OF ADJUSTMENT

Date/Time/Location of Public Hearing: _____

All effected property owners notified by certified mail with return requested.

Yes _____ No _____

Vote: _____ For _____ Against, variance [] Approved [] Denied

Special conditions of approval: _____

Note: By State Law [23-168.03] four Board of Adjustment members must cast an affirmative vote for variance approval.

Signature Board of Adjustment Chairperson _____ Date of Approval _____