CITY OF LAVA HOT SPRINGS

115 West Elm Street – P.O. Box 187 Lava Hot Springs, Idaho 83246 (208) 776-5820 / Fax (208) 776-5130

APPLICATION FOR A VARIANCE

PART A: TO BE COM	MPLETETED BY API	APPLICANT (PROPERTY OWNER) Permit Fee: \$150 Pd:		
Name:		Phone:		
Address:				
Street		City	State & Zip	
Street Address or locat	ion:			
Directions to Site:				
Legal Description:	Subdivision			
(TI	Parcel Nonis information can be obtained from your tax assessment notice)			
•				
Zoning District:				
Description of Nature	of Variance Requested	1:		
you will send to every dimensions of the prop or natural features, loc	property owner within perty lines, distances fration of driveway, the ent demonstrating that	a 300 feet. (3) Copy of no com property lines to pro- name of the road that the the requested variance co	ment to show title. (2) Copy of letter otification list. (4) Site Plan including posed structures, location of existing e driveway meets and a north arrow. onforms to the standards set forth in	
authorize the filing of & Zoning Commission true and correct. If apprestrictions or restriction	this application, hereby member(s), mayor, coroval is granted by the we covenants and conduction thoroughly review and	y authorize the on-site re ouncil, employee(s), and e city for a variance, the s itions of the subdivision	y owner(s) and applicant hereby view for any and of all Lava Planning hereby certify that the foregoing is same shall be subject to any deed where the property is located. It is ovenants before commencing any use	
Signature of Lan	d Owner(s)		Date	

Date

Signature of Land Owner(s)

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Part B: To Be Completed by Planning Official	
Zoning at Site:	Type of Permit:
Other Permits Required?	Flood Zone?
Approved: Date:	Ву:
SUBJECT TO AGREEMENTS, CONDITIONS, ETC: _	
OR Denied: Date:	By:
Reason for denial:	