

APPLICATION NO: _____

DATE RECEIVED: _____

APPLICATION FOR VARIANCE, CONDITIONAL USE, AND APPEALS

NOTE: Please return completed application with all required documents (shown below). All documents must be filed with the City of Hillsboro.

REQUIRED DOCUMENTS

- Plans of the proposed site showing the location of all buildings, parking and loading area, traffic circulation, open spaces, landscaping, refuse, service areas, utilities, signs, yards, etc.
- A narrative statement explaining the following:
 - 1.) Use for which variance, conditional use or appeal is sought
 - 2.) Details of the variance, conditional use, or appeal that is applied for and the grounds on which it is claimed that the variance, conditional use, or appeal should be granted, as the case may be.
- The specific reasons why the variance, conditional use, or appeal is justified
- Affidavit (attached to application)
- Applicable Application Fee (see Zoning Fee Schedule)
- Mailing labels for all property owners within 200' of proposed site.

APPLICATION FOR:

- VARIANCE
- CONDITIONAL USE
- EXTENSION OF TIME FOR COMPLETION OF WORK
- SUBSTITUTION OR EXTENSION OF NONCONFORMING USES
- OTHER

PROJECT ADDRESS: _____

NAME OF APPLICANT: _____

ADDRESS & PHONE _____

NAME OF OWNER: _____

ADDRESS & PHONE _____

LEGAL DESCRIPTION OF PROPERTY AS RECORDED IN HIGHLAND COUNTY RECORDERS OFFICE

DESCRIPTION OF EXISTING USE: _____

PRESENT ZONING DISTRICT: _____

DESCRIPTION OF PROPOSED USE: _____

THE INFORMATION CONTAINED IN THIS APPLICATION, TOGETHER WITH ALL ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE FAMILIARIZED MYSELF WITH ALL APPLICABLE SECTIONS OF THE CODIFIED ORDINANCES OF THE CITY OF HILLSBORO AND WILL COMPLY WITH ALL APPLICABLE REGULATIONS GRANTED.

Date

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20____.

_____ Notary Public

My commission expires _____

OFFICE USE ONLY:

Payment Date: _____ Form of Payment: _____ Accepted By: _____

Approved Approved w/ Conditions Denied

Conditions: _____

Planning Commission/City Representative

Date

INSTRUCTIONS FOR AFFIDAVIT:

- (1) Name and address of the person who did the research. It is important that the person who does the research is the same person who signs the notarized affidavit.
- (2) Address of the property in the application.
- (3) Leave blank – we will fill out at time of application
- (4) From the real property records located on the first floor of the Highland County Administration Building, 119 Governor Foraker Place, enter the name and address of the owners of the property this affidavit is for. (This should be the same as the “Property Owner” shown on the application).
- (5) From the same records as above enter the name and mailing address of the owners of all properties located within 200 feet of the boundaries of the property shown in (2) above. This includes properties across the street and in other municipalities and jurisdictions, if appropriate.
- (6) This form must be signed in the presence of a Notary Public.

AFFIDAVIT

(1) _____ being first duly cautioned and sworn, deposes states that **HE/ SHE** is the **APPLICANT OR DULY AUTHORIZED ATTORNEY FOR SAME** and the following is a list of the names and mailing addresses of all the owners of the record of property located

(2) _____
(Address of Property)

for which the application for rezoning, variance or special permit was filed for with the City of Hillsboro Building/Zoning Department on (3) _____, 20 ____.

SUBJECT PROPERTY OWNER’S NAME, MAILING ADDRESS AND PHONE NO.

(4) _____

The following is a list of the names and mailing addresses as shown on the County Auditor’s current tax list or the County Treasurers mailing list, of all the owners of record of property within 200 feet of the exterior boundaries of the property for which the application was filed (a second sheet may be attached if needed):

