

**CITY OF COALINGA
VARIANCE TO
ZONING ORDINANCE APPLICATION**

Application Number

Date

APPLICANT INFORMATION:

Applicant/Property Owner Name: _____

Applicant's Mailing Address: _____

Telephone Number: _____ Assessor Parcel No. _____

Property Location (Street Address): _____

Legal Description (lot, block, tracts, etc.): _____

PROPERTY USE INFORMATION:

Current Zoning: _____ Existing Use: _____

Existing Number of Lots: _____ Proposed Number of Lots: _____

Area of Parcel (s) _____

Proposed Use: _____

The answers to the following questions must be made full and complete.

1. What are the special circumstances applicable to the property involved or to the intended use of the property, including size shape topography location, or surroundings (but not including monetary hardship), That do not apply generally to other property in the same zone or vicinity? _____

2. What are the reasons that the property involved is unique and that such variance is necessary for the preservation and enjoyment of a substantial property right? _____

3. Would the proposed uses be materially detrimental to the public welfare or injurious to persons or property in the vicinity? _____

4. What were the original deed restrictions, if any, affecting the use of the property involved? Give the expiration date of these restrictions. _____

5. When was the above described property acquired by the applicant? _____

6. What are the provisions of the ordinance from which you are requesting a variance? _____

Signature of BOTH the APPLICANT and RECORDED PROPERTY OWNER (S) are required as applicable.

The forgoing statement and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief.

Signature of APPLICANT/AGENT

Signature of OWNER

Name of APPLICANT/AGENT (Please Print)

Name of OWNER (Please Print)

Mailing Address

Mailing Address

Telephone Number

Telephone Number