## **APPLICATION FOR A USE VARIANCE**

APPLICATION FOR A USE VARIANCE  Appeal Concerns Property at the following address:	OFFICE USE ONLY Application No. UV- Date of Application: (Postmarked or Hand Delivered) Date of Public Hearing:  Date of County Referral:
County Tax Map Section: BlockLot	Date of County Referral: Date of Final Action: Date of Filing of Decision with the
Zoning District Classification:  Date Applicant Acquired  Property:	Municipal Clerk:
(If property is not owned by the applicant, the applicant must su property owner authorizing the applicant to appeal on his/her be	_
The applicant's appeal from a decision of the Zoning Enforcemental following: Denial of an Application for a Building Permit (Attachmental Denial of an Application for a Certificate of Occupation)	ch to Application)
For the Proposed Activity:	
Denial was made based on the following sections of the Zoning	Code:
Date of Zoning Enforcement Officer's Decision:	
State what type of use variance you are requesting:	

TEST: No use variance will be granted without showing by you (the applicant) that applicable zoning regulations and restrictions have caused unnecessary hardship. The following tests must be met for each and every use allowed by zoning on the property, including uses allowed by special use permit. Below please briefly describe how each of the four variance tests are met. Attach all supporting materials.

Signature:	Date:
Mailing Address:	
Applicant:	Telephone:
The alleged hardship has not been self-created:  Proof:	
Proof:	
3. The requested use variance, if granted, will not all neighborhood:	
2. The alleged hardship relating to the property is uni substantial portion of the zoning district or neighborhoproof:	ood.):
The applicant cannot realize a reasonable return, evidence. The lack of return must be substantial:  Proof:	,