



Variance Application

Date of Submittal: _____ Request Number (to be filled out by Staff): _____

Instructions:

1. **Meetings with Zoning Administrator are by appointment only.**
2. Submit the application form with owner's signature, legal description, any other supporting documents, and a map with the rezoning areas highlighted.
3. Application Fee: \$75
4. Please see attached meeting schedule for meeting dates and deadlines.

Name of Property Owner: _____

Address of Property Owner: _____

Phone Number: _____ Email: _____

Signature of Property Owner: _____

Name of Applicant (if different than property owner): _____

Address: _____

Phone Number: _____ Email: _____

Signature of Applicant: _____

Property Location: _____

Current Use of Property: _____

Number of Acres: _____ Tax Map Number: _____

I, _____, hereby petition the Board of Zoning Appeals for a variance from the literal of provisions of the Town of Lyman Zoning Ordinance because, I am prohibited from using the parcel of land described in this form in a manner shown.

I request a variance from the following provision of the ordinance (conditions of property such as size, shape, or topography): _____

So that the above listed property can be used in a manner described below: _____

Reasons for request: _____

OFFICE USE ONLY

Date Received: _____ Fee Paid: _____

Date Advertised: _____ Hearing Date: _____ Date Sign Posted: _____

Town Staff Recommendation: APPROVED: _____ DENIED: _____

Board of Zoning Appeal Recommendation: APPROVED: _____ DENIED: _____

Comments: _____
