



# REQUEST FOR VARIANCE

City of Smiths Station

P. O. Box 250

2336 Lee Road 430

Smiths Station, AL 36877

**(334) 297-8771 Office**

**Website [www.smithsstation.us](http://www.smithsstation.us)**

**(334) 448-8422 FAX**

## CONTACT INFORMATION

Applicant Information Mailing Address		Owner of Record (if different from the Applicant)	
Name:		Name:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Phone:		Phone:	

## PROPERTY INFORMATION

Street Address: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_

(Example: 14 - 04 - 19 - 000 - 10 - 02 - 12.009 )

Size of Subject Property: \_\_\_\_\_ ( ) Acres ( ) Square Feet

Current Zoning Classification(s) of Subject Property: \_\_\_\_\_

Was the Property Created or Subdivided prior to the Adoption of the Zoning Ordinance?

( ) Yes

( ) No

Does the property contain any structures built prior to the adoption of the Zoning Ordinance?

( ) Yes

( ) No

Please list any physical defects or conditions that are peculiar to the property (or not commonly shared by other properties within the general area) that contribute to the Hardship:

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**SUPPORTING INFORMATION / DOCUMENTATION**

**Please describe the nature of the hardship:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What specific relief are you requesting:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit the following supporting documents with your completed request:**

- A sketch of the property and/or structures in question for which you seek a variance. The sketch must show the entire boundaries of the subject property and must be drawn to scale in ink. You may use a survey plat from a closing document or a copy of the tax map showing the subject property as a base map for the sketch. The sketch must be large enough to be readable and must show the minimum setback distances for the proposed structure or addition.**
- Full payment of the Variance Request Fee.**
- If the applicant is not the owner of the property, a notarized authorization from the property owner must be attached. All communications will be directed to the Applicant.**

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**CERTIFICATION**

**Applicant / Property Owner:**

**I hereby certify and attest that, to the best of my knowledge and abilities, the information provided in this request is true and accurate. Further, I agree to provide additional information within my powers that may be required by the City Clerk / Enforcement Officer for the Zoning Board of Adjustment.**

**Applicant / Property Owner Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

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**OFFICIAL USE ONLY**

**Amount Paid: \$ \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_**

**Case Received by: \_\_\_\_\_ Case No.: \_\_\_\_\_**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**