

CARROLL COUNTY REGIONAL PLANNING COMMISSION

Application for Subdivision Variance

This application shall be completed by the applicant. The application shall be submitted by the First Monday of every month to be placed on the next regularly scheduled Planning Commission meeting. A separate application is required for each variance requested.

Date Submitted: _____ **Application Number:** _____

Fee Paid: _____ **Receipt Number:** _____

Applicant Name: _____

Address: _____
Street

City State Zip Code Telephone Number

Property Owner: _____

Address: _____
Street

City State Zip Code Telephone Number

Description of Property:

Township: _____ **Quarter Section:** _____

Acreage: _____ **Parcel Number:** _____

Proposed Acreage(s): _____ **Street Frontage:** _____

Description of Variance Requested: _____

Justification for the Variance:

On a separate page, please prepare a statement indicating why the variance from the Subdivision Regulation is being requested. Include such items as:

1. Exceptional topographical or other conditions peculiar to this particular parcel of land.
2. Why a literal interpretation of the Regulations would deprive the applicant of the rights enjoyed by other property owners.
3. That the peculiar conditions do not result from previous actions of the applicant.
4. That the requested Variance is the minimum variance that will allow a reasonable division of the land.
5. Below please provide a sketch of the area involved.

Signature of Applicant

Applicant's Printed Name

SKETCH

Date Request Received: _____ By: _____

Planning Commission Meeting Date: _____

Staff Recommendations: Approval Approval with Conditions Denial

Staff Comments: _____

Subcommittee Recommendations: Approval Approval with Conditions Denial

Subcommittee Comments: _____

Action by RPC: Approval Approval with Conditions Denial

Reason for Denial/Conditions of Approval/Comments: _____

Chairman, Regional Planning Commission