

Application Date
Receipt No.
Hearing Date
Hearing Notification

CITY OF CASHMERE
 101 WOODRING STREET
 CASHMERE, WASHINGTON 98815
 PHONE (509) 782-3513 FAX (509) 782-2840

APPLICATION FOR VARIANCE

FEE: \$250.00

NAME OF APPLICANT _____

ADDRESS _____ PHONE _____

PROPERTY OWNER _____

PROPERTY ADDRESS _____

PROPERTY ZONING _____

PROPERTY LEGAL DESCRIPTION (MAY BE ATTACHED) _____

DESCRIBE VARIANCE REQUESTED _____

PLEASE ATTACH A SCALED DRAWING OF THE PROPERTY SHOWING BUILDING COVERAGE, SQUARE FOOTAGE, AND PLACEMENT INCLUDING ANY PROPOSED BUILDING.

DOES THIS DIFFICULTY/VARIANCE REQUEST APPLY TO THE LAND AND/OR BUILDING REGARDLESS OF OWNER? YES NO

IS THIS REQUEST THE RESULT OF AN ILLEGAL ACT ON THE PART OF THE APPLICANT? YES NO

IS YOUR SITUATION DUE TO UNUSUAL CONDITIONS SUCH AS TOPOGRAPHY, LOT SIZE OR SHAPE, ALL OF WHICH ARE NOT THE GENERAL CONDITION OF THE SURROUNDING AREA? YES NO

IS YOUR NEED FOR A VARIANCE DUE TO REQUIREMENTS OF THE ZONING ORDINANCE? YES NO

DO THE GROUNDS FOR THE VARIANCE REQUEST APPLY DIRECTLY TO YOUR PREMISES AND NOT TO OTHER PROPERTIES OR PERSONAL CONDITIONS OF THE APPLICANT? YES NO

I HAVE ANSWERED ALL QUESTIONS TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF NOT ANSWERED TRUTHFULLY MY PERMIT, IF GRANTED, MAY BE REVOKED. I UNDERSTAND THE FEE IS NON-REFUNDABLE.

 SIGNATURE OF APPLICANT

 DATE