

City of Marsing
425 Main
Box 125
Marsing, ID 83636
(208) 896-4122 phone
(208) 896-4123 fax

VARIANCE APPLICATION

Date of Acceptance: _____

Fee Paid: \$ _____

Property Owner(s): _____

Please answer the following questions:

1. Size of property: _____
2. Crossroads: _____
3. What ordinance standards are you requesting a variance from? _____
4. What unique site characteristics prompt this variance request? _____

5. Does the variance arise from something you did? If so, what? _____

6. What affect would granting the variance have on neighbors? _____

7. Explain any hardship circumstances that should be considered in this variance request that was not known prior to your purchase and/or improvement of the subject property. _____

8. What special conditions and circumstances exist that is not applicable to other lots or structures in the same area or zone district? _____

9. What special privileges would granting the variance give your property that other similarly zoned properties not have? _____

10. Additional comments: _____

Owner or Representative Signature

Date