

**MERRICK COUNTY BOARD OF ADJUSTMENT APPLICATION TO
REQUEST VARIANCE – APPEAL DECISION – INTERPRETATION OF MAP**

Applicant: _____ Date: _____

Address: _____ Phone: _____

_____ Email: _____

I hereby request the Board of Zoning Adjustment to consider the following:

___ Interpretation of zoning map affecting Article _____, Section _____,

Legal Description _____

Define request (attach additional sheet if necessary): _____

___ Appeal of Decision related to _____ (Individual or agency) decision

Describe situation (attach additional sheet if necessary): _____

___ Variance from Article _____, Section _____, which requires _____

On property legally described as: _____

Answer questions from Supplemental Information:

Make sure to include the following as necessary:

___ Legal Description of Property ___ Plot Plan ___ Fee ___ Other information

Signature of Applicant

Date

Application fee is \$200.00. Made payable to Merrick County Zoning

PO Box 27, Central City, NE 68826

402-604-1357 hcam@hamilton.net

SUPPLEMENTAL REQUIREMENTS FOR REQUEST FOR ZONING VARIANCE

BEFORE A VARIANCE MAY BE GRANTED, THE APPLICANT MUST PROVE THAT EACH OF THE FOLLOWING FOUR (4) CONDITIONS HAS BEEN FULFILLED. ANSWER EACH OF THE CONDITIONS IN DETAIL. USE ADDITIONAL SHEETS IF NECESSARY.

1. How would the strict application of the Zoning Regulations produce undue hardship?

2. How is the hardship not the same as other properties in the same zoning district or the same vicinity?

3. How would the authorization of such variance not be of substantial detriment to adjacent property, and how would the granting of the variance not change the character of the district?

4. Give reasons of demonstrable and exceptional hardship for granting of the variance. Explain how the hardships listed are not for convenience, profit, or impulse.

I hereby certify the information in this application is true and correct to the best of my knowledge.

Applicant (print and signature)

Date