

**CITY OF DEER PARK  
DEER PARK MUNICIPAL CODE CHAPTER 18.76**

**APPLICATION FOR  
VARIANCE**

Date Received: \_\_\_\_\_ File Number: \_\_\_\_\_  
Date Accepted: \_\_\_\_\_ By: \_\_\_\_\_  
Total Fees: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

**A. GENERAL INFORMATION**

Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**If the applicant is not the property owner, include written authorization from the owner for the applicant to serve as the owner's representative.**

Name of Legal Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Site Area of Proposed Project (Acres or Square Feet): \_\_\_\_\_  
Street Address of Proposed Project: \_\_\_\_\_  
Comprehensive Plan Designation: \_\_\_\_\_  
Existing Zoning: \_\_\_\_\_  
Existing Use of Property: Single Family \_\_\_\_; Manufactured Home \_\_\_\_;  
Duplex \_\_\_\_; Multifamily \_\_\_\_; Commercial \_\_\_\_; Industrial \_\_\_\_;  
Other (Describe) \_\_\_\_\_  
Proposed Use of Property: Single Family \_\_\_\_; Manufactured Home \_\_\_\_;  
Duplex \_\_\_\_; Multifamily \_\_\_\_; Commercial \_\_\_\_; Industrial \_\_\_\_;  
Other (Describe) \_\_\_\_\_  
List Previous City Actions Involving This Property: \_\_\_\_\_  
\_\_\_\_\_

**B. INFORMATION AND MATERIALS -- DPMC CHAPTER 18.76**

Location of Proposed Project: \_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Name of Public Street(s) Providing Access: \_\_\_\_\_  
Width of Property Fronting on Public Street(s): \_\_\_\_\_  
Legal Description (attach legal description stamped by Licensed Surveyor): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you do not hold title to the property, what is your interest in it? \_\_\_\_\_

\_\_\_\_\_

Fully explain the nature of the variance requested: \_\_\_\_\_

\_\_\_\_\_

Attach information necessary to evaluate the proposal, including but not limited to maps, drawings to scale of land and buildings, dimensions, descriptions, and data to support that the required findings of fact exist with respect to the proposed variance.

Attach the names and addresses of all adjacent property owners of record within three-hundred (300) feet of the property. If the property contiguous to that property proposed for variance is owned by the same person or entity as the variance site, also attach the names and addresses of other property owners of record contiguous to that owned by the applicant.

In completing the following, attach additional sheets as necessary.

1. What special conditions and circumstances exist which are peculiar to the land, structure, or building involved, which conditions and circumstances are not applicable to other lands, structures, or buildings in the same zone? \_\_\_\_\_

\_\_\_\_\_

2. Why would literal interpretation of the provisions of the Zoning Title deprive you of rights commonly enjoyed by other premises in the same zone under the terms of the Zoning Title? \_\_\_\_\_

\_\_\_\_\_

3. Are the special conditions and circumstances a result of actions caused or created by you, the applicant? \_\_\_\_ Yes, \_\_\_\_ No. If "Yes", explain: \_\_\_\_\_

\_\_\_\_\_

4. Why would granting of the variance not confer on you any special privilege that is denied by the Zoning Title to other lands, structures, or buildings in the same zone? \_\_\_\_

\_\_\_\_\_

5. Why is the variance the minimum variance that will make possible the reasonable use of the land, building, or structure? \_\_\_\_\_

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

6. Why will granting of the variance be in harmony with the general intent and purpose of the Zoning Title and not be injurious to the neighborhood, or otherwise detrimental to the public welfare? \_\_\_\_\_

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

**C. APPLICANT/PROPERTY OWNER AUTHORIZATION**

I, the undersigned, swear or affirm, under penalty of perjury, that the above responses are made truthfully and to the best of my knowledge. I further swear or affirm that I am the owner of record of the area proposed for the variance identified herein or, if not the owner, attached herewith is written permission from the owner authorizing my actions on his/her behalf.

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

Name (Print): \_\_\_\_\_

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

Phone: \_\_\_\_\_

State of Washington )

SS

County of Spokane )

Signed and sworn or affirmed before me on this \_\_\_\_\_ day of

\_\_\_\_\_, by \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
Notary Public in and for the State of Washington

Residing at: \_\_\_\_\_

My Appointment Expires: \_\_\_\_\_