



**CITY OF GREAT BEND
BOARD OF ZONING APPEALS
VARIANCE APPLICATION**

DATE: _____

APPLICATION FEE: \$150.00

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE: _____

(applicant must be property owner of record)

PROPERTY IS LOCATED IN: CITY COUNTY

LEGAL DESCRIPTION OF PROPERTY: _____

ZONING DESIGNATION OF PROPERTY: _____

PLOT PLAN: Attach plot plan showing measurements of the property, location of existing structures and proposed structures, size of all structures and proposed structures, distances of structures from property lines and other structure and location of underground and overhead utility lines.

CERTIFIED PROPERTY OWNER LIST: Attach a certified property owner list obtained from a licensed Abstracter. The list shall contain the names and addresses of all owners of real property within a two hundred (200) foot radius of the above-described property within City of Great Bend limits and a one thousand (1,000) foot radius of the above-described property outside City of Great Bend limits.

I hereby certify that the statements contained in this application are true and correct.

Signature of Applicant

Printed Name of Applicant

**Following a Zoning Board variance approval there is a mandatory ten (10) day appeal period. No building permit shall be issued, and no work shall begin prior the completion of this appeal period.

City Use Only

Date of Permit Denial: _____
(application must be submitted within thirty (30) days of denial of permit)

Scheduled Hearing Date: _____

Notice Published On: _____
(minimum of 20 days prior to hearing)

Notice Mailed On: _____
(minimum of 10 days prior to hearing)

Board of Zoning Appeals Decision

APPROVE _____ DENY _____

for the following reasons: _____

Date: _____ By: _____
Chairman

Building Permit Number: _____ Issued On: _____

Building Inspector: _____