



Village of Lakeview Zoning Board of Appeals Application

<input type="checkbox"/> Variance	<input type="checkbox"/> Appeal	<input type="checkbox"/> Ordinance/Map Interpretation
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Applicant Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number(s): _____ **Email:** _____

- I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.
- Additionally, I hereby grant permission for the Village of Lakeview Zoning Administrator to enter upon above mentioned property (or as described in the attachment(s)) for the purpose of gathering information related to this application.
- Furthermore, I hereby acknowledge that in review of this application, the Village of Lakeview may require the services of the Village Planner, Village Engineer and/or Village Attorney to ensure that the required item(s) for review in this application is compliant to the current zoning laws and policies of the Village of Lakeview. I, as the applicant, acknowledge that any costs incurred by the Village of Lakeview as they relate to the review of this application by any of the Village's consultants listed above are my responsibility to reimburse and agree to repay the Village of Lakeview for any and all costs incurred to it in the review of this application.

Signature: _____ **Date:** _____

Applicant is the: Owner Lessee Optionee Contractor/Architect

Property Owner's Name (If different from applicant): _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number(s): _____ **Email:** _____

Project Location or Address: _____ **Property is:** Residential Commercial Industrial

Property Zoned: _____

Explanation of Request: _____

- If application is for a variance, please attach one (1) copy of a plot plan of the premise drawn to scale, showing the location of all existing and proposed structures, improvements and uses on the property as well as any information required by Ordinance.
- If application is for an ordinance interpretation, please provide an explanation of the specific language you would like interpreted and the specific reason(s) why you are seeking an interpretation.

TO BE COMPLETED BY THE VILLAGE

Date Application and Fee Received: _____ **Staff Initials:** _____ **Receipt #:** _____

Application is: APPROVED DENIED **Expires on:** _____

Explanation: _____

Zoning Board of Appeals Meeting Date: _____

Zoning Administrator: _____ **Date:** _____



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No appeal or variance will be granted unless the Zoning Board of Appeals finds reasonable evidence that all the following standards have been met. Please provide written evidence supporting each in the space provided. Please feel free to provide additional pages if necessary.

- 1. Please explain why you feel there are exceptional or extraordinary circumstances at this property that do not generally apply to other properties in the same zoning district.**

- 2. Please explain why you feel this Appeal or Variance is necessary to preserve a substantial property right(s) similar to that possessed by other properties in the same zoning district (increased financial return is not a sufficient response):**

- 3. Please explain why you feel that granting this appeal or approving the variance would not pose a substantial detriment to adjacent properties and not impair the intent and purpose of the current zoning:**

- 4. Please explain why you feel that the requested appeal or variance on this specific property would not cause a general application of this request to properties in the same zoning district:**

- 5. Please explain why you feel that the conditions which have created a practical difficulty or undue hardship in complying with strict language of the Zoning Ordinance are not self-created:**
