

Deuel County Planning Commission  
PO Box 366  
Chappell, NE 69129  
308-874-2433 fax 308-874-3472

APPLICATION FOR A VARIANCE / CONDITIONAL USE

Application processed for \_\_\_\_\_

Directions:

1. Fill out the form completely. Please print or type. Use additional sheets if needed.
2. Filing fee \$ \_\_\_\_\_. Make check payable to Deuel County Zoning.
3. Contact Deuel County Zoning Department if you have any questions.
4. Submit a list of adjacent property owners.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

1. Present Use of Subject Property \_\_\_\_\_

2. Present Zoning \_\_\_\_\_

3. Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Lot No. \_\_\_\_\_

4. Complete legal description \_\_\_\_\_

5. From what sections of the Zoning and Subdivision Regulations are you seeking a variance from?

\_\_\_\_\_

6. What are you proposing to do? \_\_\_\_\_

7. What is the date you acquired your property? \_\_\_\_\_

8. Under what hardship are you seeking a variance? \_\_\_\_\_

9. Was the hardship created by your own actions? \_\_\_\_\_ yes \_\_\_\_\_ no

10. Does the strict application of the provisions of the Zoning and Subdivision Regulations of which you are seeking a variance from constitute this hardship?

\_\_\_\_\_ yes \_\_\_\_\_ no Explain: \_\_\_\_\_

\_\_\_\_\_



11. Do you feel the granting of a variance will adversely affect the rights of adjacent property owners or residents? \_\_\_\_\_ yes \_\_\_\_\_ no Explain: \_\_\_\_\_

12. Do you feel the granting of this variance will oppose the general spirit and intent of the Zoning and Subdivision Regulations? \_\_\_\_\_ yes \_\_\_\_\_ no Explain: \_\_\_\_\_

THE ZONING ADMISTRATOR, WHO MAY BE ACCOMPANIED BY OTHERS, IS HEREBY AUTHORIZED TO ENTER UPON THE PROPERTY DURING NORMAL WORKING HOURS FOR THE PURPOSE OF BECOMING FAMILIAR WITH THE PROPOSED SITUATION.

**Application Fee is Non-Refundable**

\_\_\_\_\_  
Signature of Owner or \_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date Date

**Do Not Write in this Space**

Date Submitted \_\_\_\_\_ Date Notice Sent \_\_\_\_\_  
Application No. \_\_\_\_\_ Date of Public Hearing \_\_\_\_\_  
Filing Fee \$ \_\_\_\_\_ Abutting Property Owners List Rec'd \_\_\_\_\_  
Treasurer Receipt No. \_\_\_\_\_ P.C. Recommendations App Dispp Date \_\_\_\_\_  
Date Advertised \_\_\_\_\_ B.O.C. Action App Disapp Date \_\_\_\_\_  
Permit No. \_\_\_\_\_ School Board App Disapp Date \_\_\_\_\_  
ATTEST: \_\_\_\_\_

Deuel Zoning Admin. Chair, Deuel Board of Adjustment  
Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_