

**CITY OF LAVA HOT SPRINGS**

115 West Elm Street – P.O. Box 187

Lava Hot Springs, Idaho 83246

(208) 776-5820 / Fax (208) 776-5130

**APPLICATION FOR A VARIANCE**

PART A: TO BE COMPLETETED BY APPLICANT (PROPERTY OWNER)

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

Address: \_\_\_\_\_  
Street City State & Zip

Street Address or location: \_\_\_\_\_

Directions to Site: \_\_\_\_\_

Legal Description: Lot(s) \_\_\_\_\_, Block \_\_\_\_\_  
Subdivision \_\_\_\_\_  
Total Square Footage \_\_\_\_\_  
Parcel No. \_\_\_\_\_

(This information can be obtained from your tax assessment notice)

Existing Use: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Description of Nature of Variance Requested: \_\_\_\_\_

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

Attach to this Application: (1) Copy of Warranty Deed or other document to show title. (2) Copy of letter you will send to every property owner within 300 feet. (3) Copy of notification list. (4) Site Plan including dimensions of the property lines, distances from property lines to proposed structures, location of existing or natural features, location of driveway, the name of the road that the driveway meets and a north arrow. (5) A narrative statement demonstrating that the requested variance conforms to the standards set forth in Chapter 5, Section 3 of the Lava Hot Springs Zoning Ordinance.

NOTES: All permit fees are nonrefundable. The undersigned property owner(s) and applicant hereby authorize the filing of this application, hereby authorize the on-site review for any and of all Lava Planning & Zoning Commission member(s), mayor, council, employee(s), and hereby certify that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Land Owner(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Land Owner(s)

\_\_\_\_\_  
Date

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Part B: To Be Completed by Planning Official

Zoning at Site: \_\_\_\_\_

Type of Permit: \_\_\_\_\_

Other Permits Required? \_\_\_\_\_

Flood Zone? \_\_\_\_\_

Approved:      Date: \_\_\_\_\_

By: \_\_\_\_\_

SUBJECT TO AGREEMENTS, CONDITIONS, ETC: \_\_\_\_\_

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

OR

Denied:      Date: \_\_\_\_\_

By: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

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