## **Application for Variance, Board of Zoning Appeals**

## **Village of Arlington**

Applicant Name:			
Mailing Address:			
Phone Home:	Phone Business:		
Locational Description of Subject Property:	,		
Subdivision Name:	Lot No.		
(If not in a recorded subdivision	attach a legal description)		
Nature of Variance: Describe generally the nature of the vari	iance being requested:		
In addition, plans in triplicate and drawn to scale must accomp the parcel, the size and locations of existing buildings, the loca alterations, and any natural or topographic peculiarities of the	ations and dimensions of proposed buildings or		
Justification of Variance: In order for a variance to be grant Appeals that the following items are true: (Please attach the			
<ul><li>a. Special conditions exist that are peculiar to the land or le</li><li>b. That a Literal interpretation of the Ordinance would depowners.</li></ul>			
<ul><li>c. That the special conditions do not result from previous a</li><li>d. That the requested variance is the minimum variance th</li></ul>			
I certify that the information contained in this application and	its supplements is true and correct.		
Date			

## (For Official use Only)

Date Filed:	Fee Paid:	
Date of Notice in Newspaper:		
Date of Notice to Parties in Interest:	Date of Public Hearing:	
Decision of Board of Zoning Appeals Approval:		Denial:

Reasons for decision and list of any conditions prescribed are on the back of this form.