



**City Hall**  
255 N. Main Street • P.O. Box 188  
Brownsville, OR 97327 • 541.466.5666  
Fax 541.466.5118 • TT/TDD 800.735.2900  
**Fee: 200.00**

## **Residential Variance Application**

### **APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant is: \_\_\_\_\_ Legal Owner \_\_\_\_\_ Contract Purchaser \_\_\_\_\_ Agent \_\_\_\_\_

### **DESCRIPTION OF SUBJECT PROPERTY**

Legal Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_

Address of Property: \_\_\_\_\_

General Location: Fronting \_\_\_\_\_ Side of \_\_\_\_\_  
Name or Number of Road

### **DESCRIBE THE PROPOSED VARIANCE**

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### **EXISTING CONDITIONS**

Zone: \_\_\_\_\_ Comprehensive Plan Designation \_\_\_\_\_

Present Use of Property \_\_\_\_\_

Is the property serviced by city sewer and water? \_\_\_\_\_

### **SUPPORTING REASONS FOR A VARIANCE REQUEST**

**The Brownsville Zoning Ordinance, Section 8.020 specifies conditions that must be addressed before granting a variance. These conditions are listed for your response on Page 2.**

### **SUPPORTING REASONS FOR A VARIANCE REQUEST (Continued)**

1. Exceptional or extraordinary conditions apply to the property which do not apply generally to other properties in the same zone or vicinity, which conditions are a result of lot size or shape, topography or other circumstances over which the applicant has no control.

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2. The property rights of the owner would otherwise be substantially curtailed without a variance.

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3. The authorization of the variance shall not be materially detrimental to the purposes of this division, be injurious to property in the zone or vicinity, or any City development plan or policy.

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4. The variance requested is the minimum variance from the provision and standards of this division which will alleviate the hardship.

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**ATTACHMENTS**

1. A site plan, drawn to scale, showing the dimensions and arrangement of the proposed development.
2. Filing Fee.

**STATEMENT**

**I (we) hereby certify that the foregoing statements and answers and any other information (such as maps and drawing) attached hereto are true and accurate to the best of my (our) knowledge and belief.**

**APPLICANT:**

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(Name printed) (Signature) (Date)

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(Name printed) (Signature) (Date)

**OWNER:**

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(Name printed) (Signature) (Date)

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(Name printed) (Signature) (Date)

<b><u>FOR CITY USE ONLY</u></b>	
Received By: _____	Date _____
Fee Received: _____	Receipt No: _____