



Planning & Zoning Department

Staff Level Variance Checklist

Nonrefundable Fee: \$75.00

Staff Use Only	
Project Name: _____	File Number: _____
Date Received: _____	Code Referenced: _____

10-24-2.D: Limited Variance Approval Authority Granted to the Planning and Zoning Department: The Planning Director or his/her designee shall have approval authority for the following items:

10-24-2.D.1: In RS and RD zones, side and rear yard setbacks may be reduced to three feet (3') for accessory structures where hardships exist, including: topographical challenges, lot size, or confined buildable area. If a variance is granted, the structure shall be restricted within the reduced setback to a height of twelve feet (12').

10-24-2.D.2: Fence heights up to eight feet (8') where topographical challenges exist.

Please provide the following required documentation to complete the application. Applications should be submitted via email to pzall@cityofnampa.us

Applicant	Staff	Description
A copy of <u>ONE</u> of the following		
		A recorded warranty deed for the property
		Proof of option
		Earnest money agreement
One copy of <u>EACH</u> of the following		
		Signed & Notarized Affidavit of Legal Interest. Form must be completed by the legal owner (if the owner is a corporation, submit a copy of the Articles of Incorporation or other evidence to show that the person signing is an authorized agent)
		A Professional Land Surveyor or Engineer verified original legal description of property.
		A retyped, Microsoft Word-formatted document of the original legal description (must have for final recording).
		Site plan showing the vicinity and area involved in the request for the variance.
		Photographs of the area involved in the request for the variance, showing the topographical challenge.
		Narrative fully describing the practical difficulty or unnecessary hardship which would result from a literal interpretation and enforcement of the specific regulation for which the variance is being sought.
		Associated fees
		Master Application form

NOTICE TO APPLICANT

This application will be reviewed by the Planning Director or his/her designee. A letter of approval or denial will be issued following review. It is at the Directors discretion to request additional information.



Planning & Zoning Department

Master Application

Staff Use Only

Project Name: _____

File Number: _____

Related Applications: _____

Type of Application

- | | |
|---|--|
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Legal Non-Conforming Use |
| <input type="checkbox"/> Annexation/Pre-Annexation | <input type="checkbox"/> Planned Unit Development/MPC |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Short |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Final |
| <input type="checkbox"/> Multi-Family Housing | <input type="checkbox"/> Condo |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Modification | <input type="checkbox"/> Fireworks Stand |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Daycare | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Kennel License | <input type="checkbox"/> Staff Level |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Zoning Map/Ordinance Amendment (Rezone) |
| <input type="checkbox"/> Mobile Home Park | <input type="checkbox"/> Other: _____ |

You must attach any corresponding checklists with your application or it will not be accepted

Applicant Name: _____ Phone: _____

Applicant Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Interest in property: Own Rent Other: _____

Owner Name: _____ Phone: _____

Owner Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Contractor Name (e.g., Engineer, Planner, Architect): _____

Firm Name: _____ Phone: _____

Contractor Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Subject Property Information

Address: _____

Parcel Number(s): _____ Total acreage: _____ Zoning: _____

Type of proposed use: Residential Commercial Industrial Other: _____

Project/Subdivision Name: _____

Description of proposed project/request: _____

Proposed Zoning: _____ Acres of each proposed zone: _____

Development Project Information (if applicable)

Lot Type	Number of Lots	Acres
Residential		
Commercial		
Industrial		
Common (Landscape, Utility, etc.)		
Right of Way (internal roadways, ROW to be dedicated, etc.)		
Qualified Open Space		
Total		

Please answer all questions that are relevant to your project

Minimum square footage of structure: _____ Maximum building height: _____

Minimum property size (s.f.): _____ Average property size (s.f.): _____

Gross density: _____ Net density: _____

Type of dwelling proposed: Single-family Detached Single-family Attached

Duplex Multi-family Condo Other: _____

Proposed number of units: _____

Total number of parking spaces provided: _____

% of qualified open space: _____

Additional information may be requested after submittal.

Authorization

Print applicant name: _____

Applicant signature: _____ Date: _____

City Staff

Received by: _____ Received date: _____

