



VARIANCE APPLICATION

Public Services Department – Planning Division

408 N. Spokane St. Post Falls, ID 83854

208.773.8708 Fax: 208.773.2505

STAFF USE ONLY

Date Submitted: _____ Received by: _____ Fee paid: _____ Permit # _____ Project# _____

PART 1 – REQUIRED MATERIAL

****THE APPLICATION WILL NOT BE ACCEPTED IF THE REQUIRED MATERIALS ARE NOT PROVIDED****

The purpose of a Variance is to grant an exception to the requirements of the Zoning Ordinance affecting the size of a structure or placement of a structure on a property.

(For additional information on this process and requirements please see PFMC 18.20.090)

- Completed application form**
- Application fee** *(Per most recently adopted fee resolution)*
- A written narrative:** *Addressing the request and review criteria*
- Site plan** – *No larger than 11x17*
- Vicinity Map:** *No larger than 11x17*
- Authorization Letter** – *if applicant is other than the property owner/contract buyer*
- Certificate and Radius Report-** *By a Title Company licensed in the state of Idaho, as to ownership of record and any interest of record in the subject property. Provide a report of property owners within 300 feet of the external boundaries of the proposed development. The applicant will incur a public hearing mailing fee in the amount of \$6.00 per hearing notice per property within the 300 feet radius. Applications are required to two (2) publication notices in the local newspaper and are \$300 per public hearing, of which can be paid at the time of application. *******NOTE***** if the notices are not paid at the time of application, the planning department will mail an invoice to the applicant for the public hearing mailing and publication fees; these fees must be paid before the application is place on the agenda***

PART 2 – APPLICATION INFORMATION

PROPERTY OWNER:					
MAILING ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE:	FAX:	EMAIL:			
SIGNATURE:				DATE:	
APPLICANT STATUS:	OWNER:	AGENT:	CONTRACT BUYER:	ENGINEER:	PLANNER: OTHER:

APPLICANT NAME:			
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:	FAX:	EMAIL:	
SIGNATURE:			DATE:

GENERAL LOCATION OR ADDRESS IF AVAILABLE:	
LEGAL DESCRIPTION:	
DESCRIPTION OF VARIANCE REQUEST:	
EXISTING ZONING:	ADJACENT ZONING:
CURRENT LAND USE:	ADJACENT LAND USE:
SIZE OF SITE:	

PART 3 – APPLICANT SIGNATURE(S)

I (We) understand that the decision made by the City of Post Falls Planning Commission is final, unless appealed to the Post Falls City Council by myself, by adjoining property owners or by other affected persons. All the information, statements, attachments and exhibits transmitted herewith are true to the best of my knowledge. I hereby certify that I am the owner or contract buyer of the property upon which the variance is requested or that I have been vested with the authority to act as agent for the owner or contract buyer.

Dated this _____ day of _____, 20 _____.

Signature (s): _____
