



www.smithsstational.gov

VARIANCE REQUEST FORM

CITY OF SMITHS STATION
2336 Lee Road 430,
Smiths Station, AL 36877
334-297-8771
Fax 334-448-8422

Owner Name: _____ Address: _____

Phone: _____ Email Address: _____

Applicant Name (Acting Agent): _____ Address: _____

Phone: _____ Email Address: _____

Site Address: _____ Tax Parcel I.D. #: _____

Current Zoning: _____ Variance Sought: _____ Sign _____ Parking _____ Setback _____ Other _____

Provide a Brief Description and Reason for the Variance Request:

How does the Smiths Station Zoning Ordinance produce a hardship not shared by others?

Will the proposed variance alter the character of the area? If so, how? _____

Required Documents: Site Plan, Owner/Agent Affidavit, Adjacent Property Owner List.

I, the owner/applicant, certify that all of the above facts are true and correct to the best of my knowledge. I understand that any variance granted under this request shall apply to the subject property only and is contingent upon any special conditions established by the Zoning Board of Adjustment. Any regulation, interpretation, or policy of the City of Smiths Station which is not addressed in this application shall remain in full force with regard to the subject property.

Signature: _____ Date: _____

OFFICIAL USE ONLY

Application Fee: \$ _____ Received By: _____ Date: _____ Receipt #: _____ Case#: _____

Approved Denied Date: _____ Signature: _____