

**APPLICATION FOR ZONING VARIANCE  
GARLAND NEBRASKA**

**INSTRUCTIONS:**

Fill out the application form completely. Please print. Use additional sheets if necessary. Please sign the application form. Filing fee is \$20.00 made payable to the Village of Garland. Please contact the Garland Planning Commission if you have any questions.

Date \_\_\_\_\_

1. Property owner's name \_\_\_\_\_ Telephone # \_\_\_\_\_

2. Property owner's address \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Address and complete legal description of property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. For what section (s) or provisions (s) of the zoning or subdivision regulations are you seeking a variance?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What are you proposing to do that requires you to seek board action? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Value\$ \_\_\_\_\_

6. Provide a brief statement setting out how this application will meet each of the five conditions as described in the instruction sheet accompanying this application.

A. Uniqueness \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Adjacent Property:

North \_\_\_\_\_ South \_\_\_\_\_

East \_\_\_\_\_ West \_\_\_\_\_

C. Hardship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Public Interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Spirit and intent of the zoning regulations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit a copy of a sketch which includes the property lines of the application area, existing and proposed structures, appropriate dimensions, and any other information that would be helpful to the Village of Garland in evaluating the request. The zoning Commission, who may be accompanied by others, is hereby authorized to enter upon the property during normal working hours for the purpose of becoming familiar with the proposed situation.

**COMMENCEMENT MUST BEGIN WITHIN 120 DAYS OF DATE APPROVED  
CONSTRUCTION MUST BE COMPLETED WITHIN 2 YEARS**

The above requested information is, to the best of my knowledge, true and accurate.

Signature of Applicant \_\_\_\_\_ Signature of Agent \_\_\_\_\_

Printed Name \_\_\_\_\_ Printed Name \_\_\_\_\_

Co Applicant \_\_\_\_\_

Printed Name \_\_\_\_\_

**Village of Garland Use Only:**

Permit Number \_\_\_\_\_

Amount \_\_\_\_\_

Receipt # \_\_\_\_\_

Floodplain Yes or No \_\_\_\_\_

Date Initial: \_\_\_\_\_