

** APPLICANT OR A REPRESENTATIVE MUST BE PRESENT AT THE HEARINGS TO REPRESENT THE CASE** APPLICATION FEE \$275.00 (FOR OFFICE USE ONLY) PAID: _____ APPEAL # _____ **BOARD OF ADJUSTMENT** DATE: _____ VARIANCE/APPEAL APPLICATION COMMERCIAL [] RESIDENTIAL [] APPLICANTS' NAME _____ MAILING ADDRESS STREET ADDRESS _____ CITY/STATE/ZIP Email: _____ FAX _____ ___ AGENT APPLICANT IS: ___ PROPERTY OWNER 1. LOCATION AND LEGAL DESCRIPTION OF PROPERTY: 2. EXISTING ZONING ______PROPOSED ZONING____ 3. PROPOSED USE/REQUEST 4. PRESENT USE OR LAST KNOWN USE _____ 5. AGENT'S NAME MAILING ADDRESS STREET ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ FAX ____ Email:____ **READ BEFORE SIGNING BELOW: If there should be more than one property owner complete a separate sheet with the same wording as below. The City requires all Original Signatures. If applicant is other than the property owner a "Power of Attorney" with original, notarized signatures are required. (Notaries are available upon submittal) STATE OF OKLAHOMA COUNTY OF DELAWARE)(BEFORE ME, a Notary Public, on this day personally appeared ______ the undersigned applicant, who, under oath, stated the following: "I hereby certify that I am the owner, or duly authorized agent of the owner, (proof attached) for the purposes of this application; that all information submitted herein is true and correct. I understand that submitting this application does not constitute approval, and incomplete applications will result in delays and possible denial." [Notary seal] **Owner / Agent (circle one)

to the He provide of	ance with the provisions of the City of Grove Zoning Ordinance, appeal is now made onorable Board of Adjustments to grant the following variance request. (Please letails of the variance applied for and the grounds on which it is claimed that the should be granted.)
determine	o make a finding of hardship and to grant a variance, the Board of Adjustment must that all of the following conditions are met. State how your request meets these s. Please note that the stated hardship shall NOT be financial or self-induced.
	Describe how the requested variance is in accordance with and does not violate the intent of the ordinance or its amendments:
b.	Describe any special conditions of restricted area, shape, topography or physical features that exist and are peculiar to the subject parcel of land and are not applicable to other parcels of land in the same zoning district:
C.	Describe the hardship (NOTE: The hardship shall NOT be financial or self-induced by the applicant):
d.	Describe how the interpretation of the provisions of this ordinance or its amendments would deprive the applicant of rights commonly enjoyed by other properties in the same zoning district, that comply with the same provisions:

SUBMIT THE FOLLOWING INFORMATION

 Completed Application including \$200 fee
 Legal Description – Total acreage
 Proof of Ownership - Copy of Warranty Deed
 Certified Abstractor's List of Property Owners within 300 feet of subject property – Furnish typed list of names and mailing addresses of all property owners within 300 feet of the subject property. List of property owners may be obtained from the Delaware County Assessors office.
 Tax Verification from County Treasurer's office
 Plat showing location of new building, dimension of property, identifying existing buildings (Plat may be obtained from Delaware County)
 Lot dimensions and building setback lines of all lots within the block subject property is located
 Floor Plan of any proposed buildings
 All existing right-of-way, adjacent streets, alleys &easements
 Existing zoning, proposed zoning if applicable
 Location of sanitary sewer/lift stations along streets
 Adjacent bodies of water, lake, river, stream - GRDA Boundary Line
 Flood Plain Areas (FEMA) & Flowage Easements (Corp of Engineers)
 Location of adjacent dedicated park land, church, school or for public use