

**VILLAGE OF FARMERSVILLE  
APPLICATION FOR ZONING VARIANCE**

Application No. \_\_\_\_\_

The undersigned owner(s) of the following legally described property hereby request the consideration of change in zoning district as specified below:

1. Name of Applicant: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_
2. Location Description: Subdivision Name \_\_\_\_\_ Street  
Address: \_\_\_\_\_
3. Existing Use: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_
4. Present Zoning District Proposed Zoning District: \_\_\_\_\_
5. Supporting Information: Attach the following items to this application:
  - A. A vicinity map showing property lines, streets, and existing and proposed zoning.
  - B. A list of all property owners and their mailing addresses within, contiguous to, and directly across the street from the proposed variance.
  - C. A statement of how the proposed rezoning relates to the Land Use Plan.
  - D. Fee of \$180.00 established in Zoning Ordinance Article XXI, Amendments, Section 19.6.

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I certify that the information contained in this application and its supplements (if any) are true and correct. The filing fee must accompany this application in order for the process to begin.

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

\_\_\_\_\_  
Date

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**OFFICE USE ONLY:**

Application No.: \_\_\_\_\_ Permit No. \_\_\_\_\_

Fee Submitted: \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Zoning Permit Approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, give details:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Zoning Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

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