

## PROCEDURES TO REQUEST A VARIANCE

The following requirements shall be met in order to request a Variance from the Appeal Authority.

1. File an application with the Appeal Authority. The application may be obtained from the Kane County Building Inspector, the Land Use Authority Administrator, or on the Kane County web-site.
2. Present a Development Plan. This plan is to show the proposed or existing buildings, fences, landscaping, etc. In addition, it will have the public roads, any unusual terrain or anything of a mitigating nature.
3. Pay the required fee - \$200.00
4. Appear before the Appeal Authority.

The Appeal Authority may approve, modify and approve or deny the Variance Request. He shall base his decision on the following three criteria:

1. The use is necessary or desirable and will contribute to the general well-being of the community.
2. The use will not be detrimental to the health, safety or general welfare of persons living or working in the vicinity, or injurious to property or improvements in the vicinity.
3. The use is in harmony with the intent of the Master Plan and the zone in which it is located.

If the Appeal Authority denies the Variance Request, you may appeal to any court of competent jurisdiction; provided petition for such relief is presented to the court in writing within thirty (30) days after the filing of such decision in the office of the Appeal Authority.

Fee: \_\_\_\_\_  
Paid: \_\_\_\_\_

APPLICATION FOR VARIANCE

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

LOCATION AND LEGAL DESCRIPTION OF SUBJECT PROPERTY: \_\_\_\_\_

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

CURRENT ZONE: \_\_\_\_\_

INTENDED USE AND REASON FOR VARIANCE: \_\_\_\_\_

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

Signature of owner  
or authorized representative \_\_\_\_\_

A variance may be revoked upon failure to comply with the conditions imposed with the original approval of the permit.

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**Appeal Authority Action:** APPROVE \_\_\_\_\_ DENY \_\_\_\_\_

COMMENTS \_\_\_\_\_

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

Appeal Authority \_\_\_\_\_ Date \_\_\_\_\_