



VARIANCE APPLICATION

All applications and submittal requirements must be discussed with a planner at the Permit Services Center (633 E. Broadway, Rm. 101) prior to submittal. After you have completed your application packet and are ready to submit it, schedule an appointment with your contact planner (as noted on the Application Instructions). A case planner will be assigned after the application is officially submitted.

FOR STAFF USE ONLY

- EIF/EIR on file, Case No. _____ Date _____
- Previous EIF/EAF/EIR applicable No. _____ (mins. attached)
- Project Exempt (forms attached) Initials _____

CASE NO. _____

DATE _____

- Setback
- Standards
- Use

Please **PRINT** or **TYPE** all information

PART 1 – PROPERTY INFORMATION

- A. Street address of premises for which the variance is requested _____
- B. Zone(s) / District(s) _____
- C. Listed on Glendale Register? Yes No In a Historic District? Yes No
- D. Legal description of the property _____

PART 2 – APPLICANT INFORMATION

- A. _____
(First Name) (Last Name)
- B. _____
(Street Address) (City) (State) (Zip Code) (Area Code - Phone Number)
- C. Check one box - Architect Builder/Developer Consultant Owner Other _____

PART 3 – VARIANCE INFORMATION

- A. Project description _____

- B. Applicant requests _____

as regulated by Section/s _____
of the Glendale Municipal Code.
- C. Present use _____

PART 4 – FINDINGS OF FACT (per Glendale Municipal Code Title 30, Chapter 30.43.030)

A variance shall be granted ONLY if each of the following four findings exists:

- A. How will the strict application of the provisions of any such ordinance (noted above) result in practical difficulties or unnecessary hardships (related to the property) inconsistent with the general purpose and intent of the ordinance? _____

- B. What exceptional circumstances or conditions apply to the property involved or to the intended use or development of the property that do not apply generally to other property in the same zone or neighborhood? _____

- C. Why will granting of the variance NOT be detrimental to the public welfare? _____

- D. Why will granting of the variance be in keeping with the objective/s of the ordinance? _____

- E. Statement of additional facts related to the variance request _____

Note: Failure to furnish the above information will delay action on the request. Three (3) copies of this application are to be submitted. Attach additional pages as needed.

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION:

1. _____ Property Owner's Name – Please Print _____ Property Owner's Signature/s _____ Property Owner's Street Address if not applicant _____ City State Zip Code _____ Phone No. Date	2. _____ Property Owner's Name – Please Print _____ Property Owner's Signature/s _____ Property Owner's Street Address if not applicant _____ City State Zip Code _____ Phone No. Date
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SIGNATURE AND NAME OF APPLICANT IF OTHER THAN PROPERTY OWNER:

1. _____ Applicant's Name – Please Print _____ Applicant's Signature _____ Date	2. _____ Applicant's Name – Please Print _____ Applicant's Signature _____ Date
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FOR STAFF USE ONLY

Date received in Permit Services Center _____ Received by _____ Date Stamp _____

Fee paid _____ Receipt No. _____