



Variance Request Application

Date: _____

Name of Applicant: _____

Name of Owner: _____

(If Applicant and Owner are different, please attach letter granting legal right to act for Owner)

Municipal Address of Property for Variance: _____

Commercial Use: _____ Residential Use: _____ Currently Zoned: _____

New Construction: _____ Addition: _____ Existing: _____ Alteration: _____

Contact Information:

Mailing Address of Applicant _____

Mailing Address of Owner (if different): _____

Phone number of Applicant: _____ Phone number of Owner: _____

Current Use of Property: _____

THE FOLLOWING MUST BE SUBMITTED WITH APPLICATION:
LEGAL DESCRIPTION of Subject Property:
PLAT INCLUDING VICINITY MAP- Showing dimensions, acreage and location of tract(s)
FEE- The applicant shall pay the City of DeRidder the sum of Two hundred and Fifty Dollars (\$250.00) per each Variance Request. (Under no condition shall the fee be refunded for the failure of the requested rezoning to be granted or for the withdrawal of

Note: Variance requests are introduced as an ordinance and follow the same advertising timeline as the introduction of an amendment/ addition to Chapter 15 Article VIII of the DeRidder Zoning Ordinance:
Step 1: Introduction of the Variance request as an Ordinance by a Council Member at a City Council Meeting.
Step 2: Advertisement of Variance Ordinance Introduction in the Official Journal.
Step 3: One (1) advertisements in the Official Journal of City Council Public Hearing.
Note: From Submittal of the Variance request until approval will require a minimum of eight (8) weeks and may require as long as sixteen

In filing the application, I understand that it becomes part of the public record of the City of DeRidder and hereby certify that all the information contained herein is accurate to the best of my knowledge. Also, I understand applications must be received by 10:00 a.m. on the scheduled application deadline.

All applications must be signed by both applicant and property owner (if different). Letter of authorization must be submitted in absence of the owner's signature or where an authorized agent signs in lieu of either property owner or applicant.

(Providing false and/or misleading information may result in denial of rezoning applications.)

Signature of Applicant

Date

Signature of Property Owner

Date

For office use only:
Date Received: _____ Received By: _____ Receipt Number: _____ Council District: _____
Action Taken by Commission: _____