

**City of Suffolk Department of Planning**  
**APPLICATION FOR SUBDIVISION VARIANCE**



<b><i>PART 1- OFFICE INFORMATION: To be completed by staff</i></b>			
Application Number:		Date Submitted:	
Project Address:		Project Name:	
Tax Query:	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	Application Fee Paid:	
Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date of Decision:	

<b><i>PART 2- GENERAL INFORMATION: To be completed by applicant</i></b>	
<p><b><u>Important Notice:</u> Applications must be submitted in hard copy with original signatures. Incomplete applications will not be accepted.</b> This application should be used to petition City Council for a variance, exception or waiver of conditions to the regulations set forth in Article 5 of the Unified Development Ordinance, "Subdivisions." Where City Council finds that extraordinary hardships or practical difficulties may result from strict compliance with the regulations, it can approve variances, exceptions and waiver of conditions to the subdivision regulations so that substantial justice may be done and the public interest secured, provided that the waiver of conditions shall not have the effect of nullifying the intent and purpose of the regulations. The following application requirements are consistent with Section 31-515, "Variances and Appeals," of the UDO.</p>	
<b><u>Application Fee: \$525.00</u></b>	
Property Address: _____	Tax Map Number: _____
Account Number: _____	Zoning District: _____
Total Site Acreage: _____	
<p>This is a request for a variance, exception, or waiver of conditions to Article 5, Section(s) _____          _____ of the Unified Development Ordinance.</p>	
<p>The specific request is to: _____          _____          _____</p>	

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***PART 3- REQUIRED INFORMATION FOR APPLICATION: To be completed by applicant***

In accordance with Section 31-515 of the Unified Development Ordinance, the following information shall be submitted for a variance or special exception. The applicant shall INITIAL next to each item and ATTACH all materials in the order that is listed below.

Please be advised that if the Planning Director determines that the application does not contain sufficient information to determine compliance with the criteria set forth in Section 31-515(a) of Unified Development Ordinance, the application will be returned to the applicant with an explanation of deficiencies.

1. All petitions must be submitted in writing by the subdivider at the time when a plat is filed for consideration. \_\_\_\_\_
  
2. The petition shall state fully the grounds for the application and all of the facts relied upon by the petitioner. \_\_\_\_\_
  
3. Supporting documentation and necessary exhibits. \_\_\_\_\_

**PART 4- CONTACT INFORMATION: To be completed by applicant, owners, and other contacts**

This application must be signed by the property owner(s) or must have attached to it written evidence of the owner's consent, which may be in the form of a binding contract of sale or a letter signed by the owner(s) authorizing the applicant to act as his or her agent. Signing this application shall constitute the granting of authority of the City to enter onto the property for the purpose of conducting site analyses.

**1. Applicant Information:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Property Owner(s) Information (Complete if different from applicant):**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Owner Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Owner Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Other Contacts (Such as engineers, surveyors, architects, agents, attorneys, owners, etc.):**

Specify type of contact/relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specify type of contact/relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_