

FRONTIER COUNTY  
P.O. BOX 40  
STOCKVILLE, NE 69042-0040  
(308) 367-8641

Application Number \_\_\_\_\_  
\$100.00  
Administrative Fee \_\_\_\_\_

Date of Application \_\_\_\_\_

APPLICATION FOR VARIANCE/APEAL/INTERPRETATION  
(Appeal to the Board of Zoning Adjustment)  
(An approved Application is valid for one (1) year from the date of approval)

1. Applicants Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_
2. Address of Property \_\_\_\_\_  
Legal description Section \_\_\_\_\_ Township \_\_\_\_\_ N. Range \_\_\_\_\_ W.  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_
3. Property presently zoned as [ ] AG-1 Agricultural District [ ] AG-R Agricultural Residential District  
[ ] HC Highway Commercial District [ ] I Industrial [ ] Other
4. Property located in School District \_\_\_\_\_ Total Acres \_\_\_\_\_
5. Current use of Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Proposed use of property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Attach a complete site plan, (site plan requirements are included with this application form).
8. Submit a complete list of names, legal description and address of all property owners of record, within 300 feet in incorporated areas and 2 miles in unincorporated areas, of the described property.
9. Reason for Request:
  - A. ADMINISTRATIVE ERROR  
Applicant claims that there is an error in the order, requirement, decision, or refusal made by an administrative official or agency based on Frontier County Zoning regulations?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - B. MAP INTERPRETATION:  
Applicant requests the interpretation of specific map? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes please describe the map and the area needing interpretation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - C. VARIANCE: (Note: By Nebraska Statute, for the Board of Adjustment to have jurisdiction over a variance request, applicant must be able to substantiate a "yes" answer given for any of the following questions 1, 2 and 3;
    - 1.) Does applicant have an interest in real property in which its shape is exceptionally narrow, shallow or unusual at the time of the adoption of the zoning regulation, (Frontier County December 6, 1999) so as to cause extreme difficulty or exceptional hardship if compliance is made to the regulations \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please explain. \_\_\_\_\_

\_\_\_\_\_

2.) Does the strict application of a zoning regulation result in peculiar and exceptional difficulties, or exceptional and undue hardship to the applicant because of exceptional topographical conditions or other extraordinary situations or conditions for described property?

Yes \_\_\_\_\_ No If yes please explain. \_\_\_\_\_

\_\_\_\_\_

3.) If applicant answered yes to either question 1 or 2 can relief be granted without causing substantial detriment to the public good? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Or without substantially impairing the intent or purpose of any current zoning regulations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain reasoning and or position. \_\_\_\_\_

\_\_\_\_\_

4.) Can applicant reasonably prove to the Board of Adjustments that:

a) The strict application of the Zoning Regulation would produce undue hardship? \_\_\_\_\_ Yes \_\_\_\_\_ No

b) Such hardship is not shared by other properties in the same zoning district? \_\_\_\_\_ Yes \_\_\_\_\_ No

c) The authorization of such variance will not be substantial detriment to adjacent property and the character of the zoning district will not be changed by granting the variance? \_\_\_\_\_ Yes \_\_\_\_\_ No

d) The granting of such variance is based upon reasons of demonstrable and exception hardship as distinguished from variations for purposes of convenience, profit, or caprice? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Additional data or comments in support of application: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant/Owner \_\_\_\_\_ Date \_\_\_\_\_

FRONTIER COUNTY BOARD OF ADJUSTMENT

Date/Time/Location of Public Hearing: \_\_\_\_\_

All effected property owners notified by certified mail with return requested.

Yes \_\_\_\_\_ No \_\_\_\_\_

Vote: \_\_\_\_\_ For \_\_\_\_\_ Against, variance [ ] Approved [ ] Denied

Special conditions of approval: \_\_\_\_\_

\_\_\_\_\_

Note: By State Law [23-168.03] four Board of Adjustment members must cast an affirmative vote for variance approval.

Signature Board of Adjustment Chairperson \_\_\_\_\_ Date of Approval \_\_\_\_\_