

TOWN COUNCIL WAIVER TECH FORM

Project Name: _____

Applications for a Waiver to Land Use Code requirements are intended to be submitted in conjunction with another Land Use Application Type. You may use one Land Use Application Form by indicating application is also made for a Waiver and submitting all appropriate Technical Criteria Forms and documents.

<u>APP.</u>	<u>TOWN</u>
<input type="checkbox"/> Explanation Letter Identify the waiver being requested and explain what exceptional condition, practical difficulty, or unnecessary hardship exists to require the waiver. Also address how the waiver, if granted, will not be detrimental to the public good, create a conflict with the Town Comprehensive Plan or impair the intent and purpose of the Town of Timnath Land Use Code.	<input type="checkbox"/>
<input type="checkbox"/> Other Land Use Application Type and Number Being Submitted _____	<input type="checkbox"/>
Application Certification of Completion Town must certify application is complete and in compliance with all submittal requirements OR reject it as incomplete and notify Applicant of any deficiencies. If rejected , Staff must prepare a report identifying any issues of concern that must be addressed and forward it to the Applicant. All documents requiring a signature must be signed in BLUE INK .	<input type="checkbox"/>
<input type="checkbox"/> Address Staff Comments (Submit to Town Clerk) _ Letter explaining how all the comments have been addressed.....	<input type="checkbox"/>
Town Council Review and Action The Council may grant the waiver or deny the application based on the review criteria (LUC 16-3-9.G). The condition of any waiver authorized must be stated in writing in the minutes of the Council with the justifications set forth. <div style="text-align: right; margin-right: 50px;"> Decision: _____ Date: _____ </div>	<input type="checkbox"/>

Project Name: _____

Signed Fee Agreement; New Agreement Amount: \$ _____ or Use Existing

Contact information: *(please attach any additional contacts)*

Owner: _____ Telephone: _____

Address: _____ Fax: _____

_____ E-mail: _____

Applicant: _____ Telephone: _____

Address: _____ Fax: _____

_____ E-mail: _____

Property Description:

Address or Location: _____

Existing Zoning: _____ Existing Use: _____

Proposed Zoning: _____ Proposed Use: _____



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Purpose of Application: *(please attach any additional information)*

Certification: *Must be signed with BLUE INK.*

OWNER CERTIFICATION OF COMPLETED APPLICATION

Signed: _____ Date: _____

APPLICANT CERTIFICATION OF COMPLETED APPLICATION

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owners. I understand that all materials and fees required by the Town of Timnath must be submitted prior to having this application processed.

Signed: _____ Date: _____