



1. Administrative Variance	\$300
2. Before Construction	\$400
3. After Construction	
Value \$0-\$100,000	\$550
Greater than \$100,000	\$750
4. Hearing fee:	\$625

City of Chelan Variance Application

Present Owner: _____

Mailing Address: _____

Telephone: _____

If the applicant is not the present owner, what is his/her interest:

Variance request:

Subject Property Address:

Subject Property Parcel # :

Legal Description (Attach if necessary):

Where difficulties exist rendering compliance with the zoning ordinance, and such compliance would create unnecessary hardship to the owner or user of land or buildings, the Hearing Examiner may grant a variance after investigation, provided the following conditions exists:

Show that the variance will not constitute a grant of special privilege inconsistent with the limitation upon uses of other properties in the vicinity and zone in which the property on behalf the application was filed is located.

Show that the variance is necessary, because of special circumstances relating to the size, shape, topography, location or surroundings of the subject property, to provide it with use rights and privileges permitted to other properties in the vicinity and in the zone in which the subject property is located.

Show that the granting of such variance will not be materially detrimental to the public welfare or injuries to the property of improvements in the vicinity and zone in which the subject property located.

Show that the variance is not sought for a financial nature; hardships that are self-created and hardships which are personal to the owner and not to the property shall not be grounds for a variance.

Show that the granting of such variance will not amount to a rezone nor authorize any use not allowed in the district.

Attach a scale drawing showing property lines, dimensions and location of existing and/or proposed structures.

I hereby certify that I will pay all fees as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

_____ Date Submitted: _____	_____ Date Submitted: _____
Applicant Signature	Authorized Agent Signature
Print Name _____	Print Name _____
Place Where Signed: _____, WA	Place Where Signed: _____, WA