

Fairbanks North Star Borough Department of Community Planning

907 Terminal Street/P.O. Box 71267 Fairbanks, Alaska 99707-1267 (907) 459-1260 Fax: (907) 205-5169 planning@fnsb.us

VARIANCE APPLICATION File No *****fees are non-refundable*****					
FEES:		variance applica gn deposit (check		ded)	
Appli	cant:			Property Owner	er:
Contact	t Name:			Name:	
Busines	ss Name:			Mailing Address:	
Mailing	Address:			City, State Zip:	
City, Sta	ate Zip:			Phone:	
Contact	Number			Cell	
E-mail:				E-mail:	
Property Information: Property Description: Street Address: Parcel Account Numbers (PAN): Existing Use(s):		Lot Size: Zoning District:			
Varianc	e Type:	est Information			
	Setback k Request:	☐ Lot Size	☐ Other:		
☐ Front	t:	☐ Rear:	□ Side: N/S/	E/W	Side: N/S/E/W
	<u>e Request</u> Zoi <u>st Description:</u>	ning District Lot Size	Minimum:	Curren	nt/Proposed Lot Size:
Please inc 18.12.030	•	ation regarding the app	licability of reasonable	e accommodations for a p	person having a disability pursuant to FNSBC
APPLIC	ANT SIGNAT	ΓURE:			DATE:
it the appli	icant is not the s	ole property owner, wri	tten consent of all pro	perty owners must be pro	ovided (FNSBC 18.104.060(B)).

VARIANCE REQUIRED SUBMITTALS CHECKLIST

Please submit the required documentation listed below. Applications will not be scheduled for a Planning Commission meeting agenda until these items have been submitted and the application has been deemed complete.

1) Attach a detailed written narrative that addresses the following criteria:

FNSBC 18.104.060

- <u>B.1.a</u> Explain what special conditions exist which are peculiar to the land involved and which are not applicable to other land in the same zoning district (e.g. extraordinary or exceptional conditions of a specific piece of property which may include but are not limited to narrowness, shallowness, or topography).
- Explain how the strict interpretation of the provision of the zoning title would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of the zoning title (i.e. strict interpretation of the zoning title would result in an undue hardship upon the owner of such property or disallowing them permitted uses through regulation).

FNSBC 18.104.060

- <u>D.1</u> Explain whether or not the proposed variance conforms to the intent and purpose of this title and of other ordinances and state statutes, including:
- <u>D.2</u> Explain whether or not the denial of the proposed variance will deprive the applicant the use of his/her property in a manner equivalent to the use permitted to be made by the owners of property in the immediate area. (i.e. evaluate potential alternate locations on the site that could accommodate the proposed use and their feasibility, if and how the use and/or structure conforms to neighborhood character, etc.)
- <u>D.3</u> Explain whether or not the proposed variance will protect the public health, safety and welfare, including protection from the impact of traffic, parking conditions, and the danger of fire.
- <u>D.4</u> Explain *the history of the development of the property*, such as zoning and other regulatory changes, ownership, and any repairs, modifications, or additions to the property, including what was done and when.

AS 29.40.040 (b) a variance from a land use regulation adopted under this section may not be granted if

- (1) Special conditions that require the variance are caused by the person seeking the variance;
- (2) The variance will permit a land use in a district in which that use is prohibited; or
- (3) The variance is sought solely to relieve pecuniary hardship or inconvenience.
- 2) Additional Documentation May be Submitted to Support the Narrative:

Attach copies of any records showing date of construction, building permits, purchase documents or deeds from the recorder's Office, Assessor's Office records, City records, etc.

3)	B.2.d Attach a current Mortgage Location Survey or other similar survey drawn to the Standard of
	Practice for Land Surveyors as adopted by 12 AAC 36.250 (accuracy to 1/10 th of one foot) showing:
	☐ The location of all existing and proposed structures
	☐ Any easements, dedications or other special conditions such as designated trails, water bodies, topography, or other conditions limiting development on the property.
	☐ Scale and north arrow.
	☐ Setbacks of all structures to property lines.
	☐ Dimensions and uses of all structures.
	☐ Parking areas.
	☐ Free standing signs.
	☐ And any other pertinent information.

4) Complete the Public Notice Sign Posting Affidavit. The form is included in the application packet.

Post By:	Date	-

PUBLIC NOTICE SIGN POSTING AFFIDAVIT

<u>Instructions to comply with FNSBC 18.104.010.C.3</u>:

- 1. Post the sign(s) in accordance with #2 below.
- 2. Take a photograph of the posted sign.
- 3. Return this affidavit and the photograph to the Department of Community Planning at least 20 days prior to the Planning Commission meeting (see the 'Post By' date). If these items are not received by the 'Post By' date, your application may be postponed to a future meeting.
- 4. This affidavit must be notarized. The Borough has notaries on staff or you may use your own notary.

STATE (OF ALASKA)		
FOURTH) ss. TH JUDICIAL DISTRICT)		
1.	Eing first duly sworn, depose and state that: I have submitted an application identified as	in accordance with the following pest for rezone, conditional use or variance hatterials which impede readability. If above ground level and no further than 50 eets. It is a complied to the following period of the following period in accordance with the following period in accordance w	r from the edge ents of 20 days
3.4.	I understand a refund check of \$200.00 (the amount following return of the sign providing that sign is receive only partial refund if the sign is damaged where the sign is da	returned in usable condition. I further under returned to the Borough.	derstand I may
		Signature	<u> </u>
SUBSC	CRIBED AND SWORN TO BEFORE ME on this _	Print Name and Address of Affiant) day of,	20
Notary P	Public in and for Alaska	Commission Expires	_

DEPOSIT / REFUND FORM PUBLIC NOTICE SIGN DEPOSITS & EXPERT REVIEW DEPOSITS

FILE/CASE #

DEPOSITS

SIGN DEPOSIT	EXPERT REVIEW DEPOSIT (see box below)
Sign # (if required) DATE Prepared:	I understand that I owe the actual cost for the expert review of my telecom application and that this is only a deposit towards the cost.
Prepared By: Fairbanks North Star Borough	(applicant initials)
RECEIPT Number: PAID By: Cash	
Name & Contact # on Credit Card If cash name and address for refund:	address showing on check) GN REFUNDS
Date:	Initiate Refund: YES NO
who took sign in:	Be sure application has been completely acted on and the reconsideration has expired prior to taking in the sign. For Rezones, be sure the Assembly decision is final prior to taking in the sign.
ional Damage Yes No No	Partial Refund Yes \$
ribe	Applicant Initial

Staff

Addi

Desc