

Gloucester County Board of Zoning Appeals
Application for Variance
V-____-_____

Applicant Information:

Name: _____	
Mailing Address: _____	Phone: _____
Property Information:	
Property Owner	
Name: _____	
Mailing Address: _____	
E-911 Address: _____	Phone: _____
Magisterial District: _____	Zoning: _____ Tax Map #: _____

Variance Requested: (Check items that apply)

1. **Variance from Property Line Setback Requirement**
(Example: If a 100 ft. rear setback is required and actual distance to property line from building is 40 feet, applicant needs to request a 60 foot variance from rear setback.)
 ft. variance from side yard setback (North, South, East, West)
 ft. variance from rear yard setback
 ft. variance from front yard setback

2. **Variance from Required Lot Size**
Actual Lot Size _____ acres
Required Lot Size _____ acres

3. **Variance from Parking Requirements**
_____ spaces provided
_____ spaces required

4. **Variance from Height Requirements**
Maximum height of building _____ ft.
Requested height of building _____ ft.

5. **Other.** Explain

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Press enter for a new line

(OVER)

Explanation of variance being requested:

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a new line

List the names and addresses of owners or occupants of all adjacent property or property across the road, highway, or railroad right-of-way. Addresses should coincide with those in the Commissioner of Revenue Office. (Please Print)

<u>Name</u>	<u>Mailing Address</u>	<u>Tax Map/Parcel#</u>

The undersigned declare(s) that the above statements and those contained in any exhibits transmitted to the Gloucester County Board of Zoning Appeals are true.

Applicant (signature): _____ **Date:** _____

Applicant (print): _____

Property Owner (signature): _____ **Date:** _____

Property Owner (print): _____

