

City of Marsing  
425 Main  
Box 125  
Marsing, ID 83636  
(208) 896-4122 phone  
(208) 896-4123 fax

VARIANCE APPLICATION

Date of Acceptance: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Please answer the following questions:

1. Size of property: \_\_\_\_\_
2. Crossroads: \_\_\_\_\_
3. What ordinance standards are you requesting a variance from? \_\_\_\_\_
4. What unique site characteristics prompt this variance request? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Does the variance arise from something you did? If so, what? \_\_\_\_\_  
\_\_\_\_\_
6. What affect would granting the variance have on neighbors? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Explain any hardship circumstances that should be considered in this variance request that was not known prior to your purchase and/or improvement of the subject property. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What special conditions and circumstances exist that is not applicable to other lots or structures in the same area or zone district? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. What special privileges would granting the variance give your property that other similarly zoned properties not have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Owner or Representative Signature

\_\_\_\_\_  
Date