CITY OF AMITY

109 Maddox Avenue P.O. Box 159 Amity, OR 97101

Ph: (503) 835-3711 Fax: (503) 835-3780



I. BACKGROUND INFORMATION

Applicant/Owner:	Phone:	
Mailing Address:		
Site Address:		
Township; Range; Section; Tax Lot:		
Zone:	Parcel Size:	
Existing Use/Structures:		
Application Proposal:		

II. REVIEW CRITERIA

Section 3.102.04, of the Amity Zoning and Development Code, establishes findings that must be addressed before granting approval of a Minor Variance. **The applicant must provide a written response to the following:**

- 1. The intent purpose behind the specific provision sought to be varied is either clearly inapplicable under the circumstances of the particularly proposed development; OR,
- 2. The particular development as proposed otherwise clearly satisfies the intent and purpose for the provision sought to be varied; and
- 3. The proposed development will not unreasonably impact adjacent existing or planned uses and development; and
- 4. The minor variance does not expand or reduce a quantifiable standard by more than 20 percent and is the minimum necessary to achieve the purpose of the minor variance; and
- 5. There has not been a previous land use action approved on the basis that a minor variance would not be allowed.

MINOR VARIANCE APPLICATION

III. APPLICATION REQUIREMENTS

A. □ Completed and signed application form.				
B. \Box Written response to the criteria in Item II., above.				
C. □ One (1) copy of the site plan drawn to scale. The site plan must include the following information (where applicable): existing and proposed structures, driveways, parking, landscaping, and significant natural features.				
D. \square Names and addresses of all the property owners within 150 feet of the boundaries of the property. This list must be provided by a Title Company or the Yamhill County Assessor.				
E. \Box Copy of the latest deed, sales contract, or title report indicating property ownership.				
IV. <u>SIGNATURES</u>				
NOTE: All owners MUST sign this application or submit a letter of consent authorizing another individual to complete and sign application. Incomplete or missing information may delay the review process.				
Applicant/Owner Sign	nature	Date		
Applicant/Owner Signature		Date		
For Office Use Only				
Submittal Date:	Fee:	Received by:		
Application Type:	Completeness:	120 Day:		
Staff Report Received: Commission Hearing:				
Application Deposit and Fee pai	d on:	Receipt		
☐ Cash ☐ Check #	Refund Yes, on:	, check #	□ No	