



VARIANCE APPLICATION

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Mountlake Terrace, WA 98043
Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

Application # _____

Job Site Address _____

Name of Project _____

CONTACT INFORMATION

OWNER

Name _____

Address _____

City _____ State _____ Zip _____

Ph _____ Fax _____

E-mail _____

Contact Name _____

E-mail _____

Ph _____ Fax _____

APPLICANT

Name _____

Address _____

City _____ State _____ Zip _____

Ph _____ Fax _____

E-mail _____

State Lic. # _____

City Lic. # _____

Provide a detailed explanation for each of the following. Additional materials and plans may be submitted to clarify your variance request. Attach additional sheets as necessary.

A. Describe your proposal. What do you wish to do? What is/are the City's requirement(s)? How does your proposal differ from the City's requirement(s)?

B. Explain why your proposal requires a variance. Could you achieve similar results without a variance? Why, or why not? Why do you feel you would not be receiving a grant of preferential treatment or an unusual benefit (compared to your neighbors)? Would your property be treated differently than others in your neighborhood if granted the variance?

C. Describe any physical features of your property, such as size, shape, or topography, that limit your ability to use your property for this purpose

D. What would the impact to the surrounding area be if you were granted the variance? What effect would it have on the character or appearance of the neighborhood? Is there any potential the variance could devalue your property or surrounding properties? Explain why or why not.

I certify to the best of my knowledge, the information provided on this application is true and correct.

Sign Owner / Agent _____ **Date** _____

Print Owner / Agent _____ **Date** _____

OFFICE USE ONLY

Received By _____ **Date** _____

Application Fee \$ _____ **Receipt Number** _____ **Date** _____