

City of Huntington

Planning & Zoning
P.O. Box 1659 | Huntington, WV 25717
(304) 696-5540, option 3
planningdept@huntingtonwv.gov

Variance o	f Zoning	Regula	ations A	ppl	lication
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Mailing Address (city, state, zip):	Applicant Name:	Phone:
Property Owner (if applicable):	Mailing Address (city, state, zip):	
Mailing Address (city, state, zip):	Email:	
Please list the Location (address) and Description (Tax Map Number, Parcel, and Lot,): Variance request pursuant to: Article and/or Figure of the City of Huntington Zoning Ordinance. Description of the variance being requested:	Property Owner (if applicable):	Phone:
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Signature Date	Signature	Date
For office use only		Foundfiles use such

Received:

Project Name:



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Variance of Zoning Regulations Application

ATTACHMENT A

In making its decision to approve or deny a Variance request, The Board of Zoning Appeals must consider four criteria. Please provide a written statement on how the proposed Variance will affect each of the following considerations:

1.	residents:
2.	What is the special condition or attribute of the property for which the variance is sought (must not be created by the person seeking the variance):
3.	How an approval of the Variance would eliminate an unnecessary hardship and permit a reasonable use of the land:
4.	How would an approval of the Variance allow for the intent of the Zoning Ordinance to be observed and substantial justice done: