

Variance number \_\_\_\_\_

P.O. Box 250  
109 E. Main St.  
Craigmont, Idaho 83523  
Phone: 208-924-5432  
Fax: 208-924-6801

# City of Craigmont

## City of Craigmont Variance Application

Date \_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Legal description of property \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of nature of variance request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide a statement for the variance, including any special conditions and/or circumstances. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR OFFICIAL USE ONLY

Public Hearing Date \_\_\_\_\_

Date Written Notice Given to adjoining property owners \_\_\_\_\_

- Approval
- Conditionally Approval
- Disapprove

Ordinance and standards used for decision: \_\_\_\_\_

\_\_\_\_\_

Reasons for approval or denial: \_\_\_\_\_

\_\_\_\_\_

Actions, if any, that the applicant could take to obtain a permit \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

