

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

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