



CITY OF LYONS

PHONE: (503)859-2167
FAX: (503)859-5167
www.cityoflyons.org

449 5TH STREET
LYONS, OREGON 97358
cityoflyons@wavecable.com

Received By (Initials): _____

Date: _____

Paid: _____

VARIANCE APPLICATION

Name of applicant: _____

Applicant's Mailing Address: _____

Phone Number: _____ email: _____

Address of subject property: _____

TWP: _____ RANGE: _____ SEC: _____ TAX LOT: _____

Type of variance requested: _____

Zoning on property: _____

Current use(s) of property: _____

Proposed change(s) in property use: _____

Reason(s) for variance request: _____

To approve a variance application, the City must make findings related to each of the following factors. Please provide information pertaining to each factor.

- A. Exceptional or extraordinary circumstances apply to the property which do not apply generally to other properties in the same zone or vicinity and result from lot size or shape, topography or other circumstances over which the owners of property since

enactment of this ordinance have no control. _____

B. The variance is necessary for the preservation of the same property right as possessed by owners of other property in the same zone and vicinity. _____

C. The variance would not be materially detrimental to the purposes of this ordinance or to property in the same zone or vicinity in which the property is located and is consistent with the policies and guidelines of the comprehensive plan and the state planning goals. _____

D. The variance requested is the minimum variance which would alleviate the hardship. _____

Attach a scale drawing which shows the area included in the variance request. The drawing shall show:

1. The shape and dimensions of the lot.
2. The location and sizes of all existing and proposed structures.
3. The intended use of each structure.
4. The number of families to be accommodated, if any.
5. The location of vehicular ingress and egress, including the width and surfacing of abutting roads.
6. The location, size, access and number of spaces for proposed off-street parking areas.
7. The location and type of screening and landscaping.
8. The relation of the site to surrounding streets and land uses.

Provide a certified list of property owners within 300 feet of the subject property. Lists obtained from a title company incorporated under Oregon laws or the Linn County Tax Assessor's office shall be acceptable.

I have read and understand the instructions as explained above. This application will be governed by the Lyons Municipal Code Title 18, Chapter 18.45 as attached. I understand that it will be at least 30 days from the submission of the completed application before it will be reviewed before the Planning Commission.

SIGNATURE OF APPLICANT: _____ DATE: _____

PLANNING COMMISSION APPROVAL: _____ DATE: _____