CITY OF MORTON
192 ADAMS AVE
PO BOX 1089
MORTON, WA 98356
www.visitmorton.com

Variance Application
$200.00

Application for a Variance to the Morton Zoning Ordinance Application Number: _____ Related Case Number(s): _____	THIS SECTION FOR OFFICE USE ONLY:

I hereby apply for a **Variance** to the following section of the Morton Municipal Code (MMC):

_____. The reason I am requesting a variance is because: _____

_____

_____

at Street: _____, City of Morton, Washington.

Lot No. _____ Block No. _____ Subdivision/Addition: _____

Zoning District: _____

Applicant: _____ Phone: _____
(Print All Information)

Contact Name: _____ Email: _____

Mailing Address: _____ _____
(Street or PO Box)

City: _____ State: _____ Zip: _____

Is the applicant the property owner? YES NO If not, complete the following section.

Relationship to Owner: _____

Property Owner: _____ Phone: _____
(Print All Information)

Mailing Address: _____ _____
(Street or PO Box)

City: _____ State: _____ Zip: _____

Justification attach additional sheets as necessary:

a. Describe the physical conditions and circumstances of the property (lot shape, slope, building location, easements, etc.) and how they affect the project for which the variance is being requested: _____

_____

_____

b. Describe how the conditions and circumstances are peculiar to the property, do not apply to other properties in the zoning district, and how a special privilege will not be conferred by granting of the variance:_____

_____

_____

c. Describe how literal interpretation of the zoning ordinance affects your rights (ability to use the property):

_____

_____

_____

d. Did any of the conditions and circumstances of the property described above result from your actions?

Yes ☐ No ☐ Explain: _____

_____

_____

e. Explain how the requested variance is the minimum necessary to make reasonable use of the property:

_____

_____

f. Explain how the requested variance will be in harmony with the purpose and intent of the zoning ordinance, will not be injurious to the neighborhood, or detrimental to the public welfare:

_____

_____

NOTES TO APPLICANT/OWNER:

1. If the City Clerk/designee or City Staff determine that additional and/or revised information is needed, and/or if other unforeseen circumstances arise, any dates outlined for processing the application may be rescheduled by the City.
2. All items shall be completed as determined by the City clerk/designee prior to the application being deemed complete for processing.
3. All costs incurred by the City in reviewing this application shall be paid prior to any public hearings.
4. The applicant or authorized representative must attend the public hearing.

Comments: _____

_____

SIGNATURES:

I/we understand that if it is determined the application is not complete, the City shall immediately reject the application and identify in writing what is needed to make the application complete for a public hearing. No public hearings will be scheduled on this application until all outstanding issues have been resolved and the application is considered complete.

I/we agree that the City of Morton staff may enter upon the subject property at any reasonable time to consider the merits of the application, to make assessments, take photographs and to post public hearing notices.

The information provided is "said to be true under penalty of perjury by the Laws of the State of Washington."

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Signature of Property Owner: _____ Date: _____
(If different than property owner)