Office Use Only
Permit #_____
Date Paid_____
Received by_____

City of Tehachapi Planning Department

MAJOR VARIANCE APPLICATION

Site Address: _____ **APN:**_____

Zone of Property:_____

Applicant:

Name:_____

Mailing Address:_____

City/State/Zip: _____

Phone #: _____ Email: _____

Property Owner:

Name:_____

Mailing Address:_____

City/State/Zip: _____

Phone #: _____ Email: _____

Associated Project Application (TTM, AD&SPR, CUP, BLD):_____

WE, THE UNDERSIGNED hereby request a Variance permit to_____

_____

_____

The zoning regulation from which this Variance is sought is Section_____

which provides:_____

_____

_____

The following attachments are mandatory for this application to be processed.

1. **Site Plan or Graphic** clearly demonstrating the situation for which the Variance is being requested. Applicant will attempt to clearly reflect all information pertinent to Staff and the Planning Commission in making a determination. Some Variance requests will not require the submittal of site plans or graphics. The applicant should contact the Planning Department to determine what information should be shown.

2. **Narrative:** The applicant will submit a formal letter describing why a Variance from the Zoning Code is being sought. Applicant is encouraged to explain, in detail, their project or business so Staff may make a knowledgeable determination on the Variance request. Variance applications accompanying an application for Architectural Design and Site Plan Review only need to submit one narrative letter.

CERTIFICATION

By signing, the undersigned certifies that they have read and understood the submittal requirements outlined, and that they understand that omission of any listed item may cause delay in processing the application. I (we), the undersigned, acknowledge that the information supplied in this application is complete and accurate to the best of my (our) knowledge.

Signature of Applicant: _____ Date: _____

Applicant's Printed Name:_____

Signature of Owner: _____ Date: _____

Owner's Printed Name:_____