



116 W Main  
PO Box 273  
Solomon KS 67480

Phone: 785-655-3311  
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## Variance Application

Date \_\_\_\_\_ Permit No.: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Present Zoning \_\_\_\_\_ Use \_\_\_\_\_

Area of Property affected by variance \_\_\_\_\_

Describe Request \_\_\_\_\_

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Description of Structure \_\_\_\_\_ Sq Ft \_\_\_\_\_

Use of Structure \_\_\_\_\_

Map No. \_\_\_\_\_

Subdivision \_\_\_\_\_ Application Fee: \$150.00

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_