

Lamar County Planning Department

P.O. Box 1240 – 144 Shelby Speights Dr. Purvis, Mississippi 39475 Phone: 601.794.1024 www.lamarcountyms.gov

		WORKSHEET						
	Petition to be included wit	h General Application Form)						
PETITION NUMBER:		VARIANCE I YPE RE	VARIANCE TYPE REQUESTED: ( <i>Check One)</i> Setback: Height:					
PPIN NUMBER: ZONING CLASSIFICATION:		Signage:	Lot-Width:					
ZONING CLASSIFICATION		Other:	Lot- Area:					
This property is located on the	e	side of						
	North/South/East/West	Street Name						
and lies between	а	nd						
and lies between		Street Name						
Adjacent properties zoning cl	assification and current use							
Property(s) to the NORTH:	Zoning Classification:	Current Use:						
1 3()	Property(s) to the NORTH: Zoning Classification: Current Use: (Agricultural, Residential, Commercial, Industrial, Vacant)							
		C (II						
Property(s) to the SOUTH:	Zoning Classification:	Current Use:	zial Industrial Vacant)					
	(Agrici	ilurul, Residentiul, Commerc	lui, Industriui, Vucuni)					
Property(s) to the EAST:	Zoning Classification:	Current Use:						
(Agricultural, Residential, Commercial, Industrial, Vacant)								
Property(s) to the West:	Zoning Classification:	Current Use:						
	(Agrici	Itural, Residential, Commerc	cial, Industrial, Vacant)					
Current Property data:								
Lot Frontage: Square Footage/ Acreage:	feet	Lot Depth:	feet					
Square Footage/ Acreage:		_ Improved or Uni	mproved:					
	If imp	oved, number of existing	buildings:					
	Use of buildings? Agri	cultural, Residential, Com	mercial, Industrial. Other					
1 Is the property in a Spec	al Flood Hazard Area?	VES or NO Per Pane	51.					
1. Is the property in a Special Flood Hazard Area? YES or NO  Per Panel:    2. What is the purpose of the request?								
2. What is the purpose of th	ie request:							
3. Are there any Zoning Ordinance violations on this property? YES or NO								
If so, please explain:								
4. List the reasons why you	feel that the property co	ould not be reasonably use	d without the requested					
variance:			1					
<del></del>								

5. Provide a written statement, drawings, or illustrations describing your proposed use. Include any information you may believe is pertinent to the review and consideration of your proposal. This should include size, type, style, characteristics, and materials currently on and being proposed by this application for consideration.

6. All the following conditions must be met before a variance can be recommended for approval. Please describe below how you meet the following three criteria.

a. That special conditions and circumstances exist which are peculiar to the land, structure or
building involved and which are not applicable to other lands, structures or buildings in the same
district.

b. The literal interpretation of the provisions of the Zoning Ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of the applicable regulations.

c. Granting the requested variance will not confer on the applicant any special privilege that is denied by the applicable regulations to other lands, structures, or buildings in the same district.

## **STAFF ONLY** (For Record Purposes)

- 1) That special conditions and circumstances exist which are peculiar to the land, structure or building involved and which are not applicable to other lands, structures or buildings in the same district.
- 2) The literal interpretation of the provisions of the Zoning Ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of the applicable regulations.
- 3) Granting the requested variance will not confer on the applicant any special privilege that is denied by the applicable regulations to other lands, structures, or buildings in the same district.

Motion:	Second:		Vote Count:		-	-
Last Name		Last Name		For	Against	Abstain
Conditions placed on the re	equest by the	Planning Commissio	n:			
The Board of Supervisors c criteria and decided to			variance meets	All/Pa	of the rt/None	above required
Motion:	Second:		Vote Count:			-
Last Name		Last Name		For	Against	Abstain
Conditions placed on the ap	pproval by th	ne Board of Superviso	rs:			
Staff N. A						
Staff Notes:						