CITY OF WOODBINE
517 WALKER STREET
WOODBINE, IOWA 51579

PHONE: 712-647-2550
FAX: 712-647-2522
WOODBINEIA.COM

VARIANCE REQUEST

APPLICATION DATE: _____ APPROVAL DATE: _____ APPLICATION FEE: _____

SITE ADDRESS: _____

TYPE OF VARIANCE: _____

APPLICANT:
NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

PROPERTY OWNER:
NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

THE APPLICATION FEE SHALL BE COLLECTED AT THE TIME OF SUBMISSION OF THE VARIANCE REQUEST

YES	NO	
_____	_____	Is the property limited due to physical, topographic and geologic features?
_____	_____	Does the variance grant any special privilege to the property owner?
_____	_____	Can the applicant demonstrate that without a variance there can be no reasonable use of the property?
_____	_____	Is the granting of the variance based solely on economic reasons?
_____	_____	Was the need for the variance created by the property owner?
_____	_____	Is the variance requested the minimum needed to allow reasonable use of the property?
_____	_____	Will granting the variance be injurious to the public health, safety or welfare?
_____	_____	Does the property subject to the variance request, possess one or more unique characteristics generally not applicable to similarly situated properties?

APPROVED: _____
DENIED: _____

REASON: _____

You can complete this form on your computer. If you use Outlook, clicking the button will open a new email window - simply attach this document and send it to lkoch@woodbineia.com . Otherwise, please print the completed form and return it to the City of Woodbine office.

EMAIL FORM