



**Fairbanks North Star Borough**  
**Department of Community Planning**  
 907 Terminal Street/P.O. Box 71267  
 Fairbanks, Alaska 99707-1267  
 (907) 459-1260 Fax: (907) 205-5169  
 planning@fnsb.us

For Office Use Only	
Received By:	_____
Receipt No.:	_____
Sign #:	_____
Date Submitted:	_____

## VARIANCE APPLICATION

File No. \_\_\_\_\_

- FEES:     \$800 variance application\*  
            \$200 sign deposit (check or cash only)

Applicant:	Property Owner:
Contact Name:	Name:
Business Name:	Mailing Address:
Mailing Address:	City, State Zip:
City, State Zip:	Phone:
Contact Number	Cell
E-mail:	E-mail:

Property Information:	
Property Description:	
Street Address:	Lot Size:
Parcel Account Numbers (PAN):	Zoning District:
Existing Use(s):	

Variance Request Information:
Variance Type: <input type="checkbox"/> Setback <input type="checkbox"/> Lot Size <input type="checkbox"/> Other: _____
<u>Setback Request:</u> <input type="checkbox"/> Front: _____ <input type="checkbox"/> Rear: _____ <input type="checkbox"/> Side: N / S / E / W _____ <input type="checkbox"/> Side: N / S / E / W _____
<u>Lot Size Request</u> Zoning District Lot Size Minimum: _____ Current/Proposed Lot Size: _____
<u>Request Description:</u>     

Please include any information regarding the applicability of reasonable accommodations for a person having a disability pursuant to FNSBC 18.12.030.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER SIGNATURE (if different): \_\_\_\_\_ DATE: \_\_\_\_\_

If the applicant is not the sole property owner, written consent of all property owners must be provided (FNSBC 18.104.060(B)).

## **VARIANCE REQUIRED SUBMITTALS CHECKLIST**

Please submit the required documentation listed below. Applications will not be scheduled for a Planning Commission meeting agenda until these items have been submitted and the application has been deemed complete.

- 1) Attach a **detailed written narrative** that addresses the following criteria:

### **FNSBC 18.104.060**

- B.1.a** Explain what ***special conditions exist which are peculiar to the land involved and which are not applicable to other land in the same zoning district*** (e.g. extraordinary or exceptional conditions of a specific piece of property which may include but are not limited to narrowness, shallowness, or topography).
- B.1.b** Explain how the ***strict interpretation of the provision of the zoning title would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of the zoning title*** (i.e. strict interpretation of the zoning title would result in an undue hardship upon the owner of such property or disallowing them permitted uses through regulation).

### **FNSBC 18.104.060**

- D.1** Explain ***whether or not the proposed variance conforms to the intent and purpose of this title and of other ordinances and state statutes***, including:
- D.2** Explain ***whether or not the denial of the proposed variance will deprive the applicant the use of his/her property in a manner equivalent to the use permitted to be made by the owners of property in the immediate area.*** (i.e. evaluate potential alternate locations on the site that could accommodate the proposed use and their feasibility, if and how the use and/or structure conforms to neighborhood character, etc.)
- D.3** Explain ***whether or not the proposed variance will protect the public health, safety and welfare, including protection from the impact of traffic, parking conditions, and the danger of fire.***
- D.4** Explain ***the history of the development of the property***, such as zoning and other regulatory changes, ownership, and any repairs, modifications, or additions to the property, including what was done and when.

### **AS 29.40.040 (b) a variance from a land use regulation adopted under this section may not be granted if**

- (1) Special conditions that require the variance are caused by the person seeking the variance;***
- (2) The variance will permit a land use in a district in which that use is prohibited; or***
- (3) The variance is sought solely to relieve pecuniary hardship or inconvenience.***

- 2) **Additional Documentation May be Submitted to Support the Narrative:**

Attach copies of any records showing date of construction, building permits, purchase documents or deeds from the recorder's Office, Assessor's Office records, City records, etc.

- 3) **B.2.d** **Attach a current Mortgage Location Survey or other similar survey drawn to the Standard of Practice for Land Surveyors as adopted by 12 AAC 36.250 (accuracy to 1/10<sup>th</sup> of one foot) showing:**
  - The location of all existing and proposed structures
  - Any easements, dedications or other special conditions such as designated trails, water bodies, topography, or other conditions limiting development on the property.
  - Scale and north arrow.
  - Setbacks of all structures to property lines.
  - Dimensions and uses of all structures.
  - Parking areas.
  - Free standing signs.
  - And any other pertinent information.

- 4) **Complete the Public Notice Sign Posting Affidavit.** The form is included in the application packet.

*Post By:* \_\_\_\_\_  
Date

Instructions to comply with FNSBC 18.104.010.C.3:  
1. Post the sign(s) in accordance with #2 below.  
2. Take a photograph of the posted sign.  
3. Return this affidavit and the photograph to the Department of Community Planning at least 20 days prior to the Planning Commission meeting (see the 'Post By' date). If these items are not received by the 'Post By' date, your application may be postponed to a future meeting.  
4. This affidavit must be notarized. The Borough has notaries on staff or you may use your own notary.

**PUBLIC NOTICE SIGN POSTING AFFIDAVIT**

STATE OF ALASKA )  
 ) ss.  
FOURTH JUDICIAL DISTRICT )

I, being first duly sworn, depose and state that:

- 1. I have submitted an application identified as \_\_\_\_\_.
- 2. I have posted and will maintain public notice sign # \_\_\_\_\_ in accordance with the following provisions:
  - a. Sign is posted on the property on which my request for rezone, conditional use or variance has been made.
  - b. Sign is clearly visible from streets and roads.
  - c. Sign will be maintained free of snow or other materials which impede readability.
  - d. Sign is posted between an elevation of 2' and 8' above ground level and no further than 50' from the edge of the road to further ensure readability from streets.
  - e. Sign was posted on \_\_\_\_\_ (date) and complies with posting requirements of 20 days prior to the public hearing date.
  - f. I shall return the sign to the FNSB Department of Community Planning within 10 days following the final public hearing.
- 3. I understand a refund check of \$200.00 (the amount I have deposited for said sign) will be issued 7-10 days following return of the sign providing that sign is returned in usable condition. I further understand I may receive only partial refund if the sign is damaged when returned to the Borough.
- 4. This document is null and void when necessary action has been completed as provided in Item #2 f.

\_\_\_\_\_  
*Signature*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Print Name and Address of Affiant)

SUBSCRIBED AND SWORN TO BEFORE ME on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for Alaska

\_\_\_\_\_  
Commission Expires



**DEPOSIT / REFUND FORM**  
**PUBLIC NOTICE SIGN DEPOSITS &**  
**EXPERT REVIEW DEPOSITS**

FILE/CASE # \_\_\_\_\_

**DEPOSITS**

SIGN DEPOSIT

EXPERT REVIEW DEPOSIT  (see box below)

Sign # \_\_\_\_\_  
(if required)

DATE Prepared: \_\_\_\_\_

Prepared By: \_\_\_\_\_  
Fairbanks North Star Borough

RECEIPT Number: \_\_\_\_\_

PAID By: Cash  Check  # \_\_\_\_\_ Credit Card  Last 4 digits # \_\_\_\_\_

(if paying by check we **MUST** refund to name & address showing on check)

Name & Address on Check \_\_\_\_\_

Name & Contact # on Credit Card \_\_\_\_\_

If cash name and address for refund: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I owe the actual cost for the expert review of my telecom application and that this is only a deposit towards the cost.

\_\_\_\_\_  
(applicant initials)

**REFUNDS**

Sign Returned: \_\_\_\_\_ Date: \_\_\_\_\_

Initiate Refund:  YES  NO

Staff who took sign in: \_\_\_\_\_

Be sure application has been completely acted on and the reconsideration has expired prior to taking in the sign.  
For Rezones, be sure the Assembly decision is final prior to taking in the sign.

Additional Damage Yes  No

Partial Refund  Yes \$ \_\_\_\_\_

Describe \_\_\_\_\_

Applicant Initial \_\_\_\_\_

