CITY OF URBANA UNIFORM VARIANCE APPLICATION

Present I	Jse:	_ Propo ory, etc.)	osed Use:	
Legal De				
	(street address)		, Urbana, IL 6180	
Type of ∖	ariance Requested:			
			Date of Request:	
	of Owner(s):		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Name of Owner(s):			, contract paronacor, ctc.)	
Property Interest of Applicant(s):		(owner, contract purchaser, etc.)		
Address	of Applicant(s):			
Name of	Applicant(s):			
	N APPLICANT AND OWNER		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Action by Board on Request for Variance:				
<u>IOMME1</u>	NTS: (Indicate other actions	such as	continuances)	
Fee Paid Receipt No.: Amount: \$Date:				
Notice to	News Media:		Date:	
Date Set for Hearing:			Date Hearing Held:	
Date File		S SPACE	FOR OFFICE USE ONLY Variance Application No.	
-	0 S. Vine St. bana, IL 61801	[]	Appeals	
	nairperson pard of Appeals	[]	Building Safety Code Board of Appeals	

REASONS FOR VARIANCE REQUEST

- Note: The following questions must be answered completely. <u>If additional space is</u> <u>necessary, please attach extra pages to application</u>.
- 1. What types of modifications would allow you a reasonable use of your building? Change in requirement for:
 - [] Window Area[] Drainage[] Means of Egress[] Ventilation[] Ceiling Height[] Other

2. Describe the current situation, giving dimensions where appropriate.

3. What conditions restrict you from meeting code requirements?

4. To the best of your knowledge, can you affirm that the situation described above was not created by yourself or a previous property owner by not getting proper authorization or obtaining permits to do work after the code became law?
[]YES
[]NO

PREVIOUS ACTIONS BY APPLICANT ON PROPERTY

[] Yes [] No
 [] Granted [] Denied
 Have you ever filed an application for variance for this property in the past?
 [] Granted [] Denied
 What action did the Board take on that request?

Wherefore, petitioner prays that this petition be heard by the Board of Appeals and the variance to the regulations of the code be made as herein requested.

Respectfully submitted this ______ day of _____, A.D., 20____.

Applicant

Phone

To be filed with: BSCBA/PMCBA Secretary Community Development Services 400 S. Vine St., Urbana, IL 61801