



SIGN ORDINANCE VARIANCE SIOUX CITY ZONING BOARD OF ADJUSTMENT

For Office Use Only
File No. _____

Name (Applicant): _____ Phone: _____

Address: _____

Name (Owner): _____ Phone: _____

Address: _____

Address and/or general location of property for which this request was made: _____

Legal description of the property (attach if necessary): _____

Present zoning classification: _____

Existing Signage: Wall: _____ S.F. Pylon/Monument:: _____ S.F.

THE FOLLOWING STATEMENTS MUST BE COMPLETED BY THE APPLICANT. IF ADDITIONAL SPACE IS NECESSARY TO COMPLETE A STATEMENT, PLEASE INCLUDE ADDITIONAL PAGES AND CLEARLY LABEL WHICH STATEMENT IS BEING ADDRESSED.

1. State the particular requirement(s) of the Sign Ordinance, including the section number(s), which prevents the proposed sign(s) from being installed. _____

2. State the minimum variance(s) necessary to permit the proposed sign(s). _____

3. Explain why the property cannot be reasonably used in conformity with the provisions of the Sign Ordinance.

4. Explain how the difficulty complained of is unique to the property in question and is not common to all properties similarly situated.

5. Explain why the variance should be granted by considerations of justice and equity. _____

This application and the application fee of \$250, must be submitted to Room 308, City Hall, 405 6th Street, P.O. Box 447, Sioux City, IA 51102 or to no later than three weeks prior to a scheduled meeting of the Board of Adjustment. If you have any questions please call 712-279-6340.

I UNDERSTAND THAT I AM APPLYING FOR A SIGN VARIANCE AS AUTHORIZED BY SECTION 4.36.190(B) OF THE SIOUX CITY MUNICIPAL CODE. I HEREBY STATE THAT ALL OF THE ABOVE STATEMENTS AND ALL OF THE STATEMENTS AND INFORMATION SUBMITTED HEREWITH ARE TRUE AND CORRECT TO THE BEST OF MY BELIEF.

Applicant's Signature

Date

Owner's Signature

Date