



CITY OF LIBBY

952 E. SPRUCE | POST OFFICE BOX 1428

PHONE 406-293-2731 | FAX 406-293-4090 | WEBSITE: www.cityoflibby.com

Application for Variance
City of Libby Board of Adjustment

Applicant:

Name: _____

Address: _____

Phone: _____ Email: _____

Property:

Owner Name: _____

Address: _____

Phone: _____ Email: _____

Legal Description: (lot#, block# subdivision) _____

Corner lot? Yes ___ No ___ Current Zoning District: _____

Variance related to:

Setback ___ Building/Fence Height ___ Lot Coverage Percentage ___ Business ___ Other ___

Summarize variance request:

Please answer and explain each of the following questions.

1. Will your variance amount to a rezoning of the property or change the district?

2. What special conditions and circumstances exist which are peculiar to the land such as size, shape, topography, or location, not applicable to other lands in the same district and that literal interpretation of the provisions of this chapter would deprive the property owner of rights commonly enjoyed by other properties similarly situated in the same district?

3. Did the special conditions and circumstances result from the actions of the applicant?

4. Will granting the variance requested confer a special privilege to subject property that is denied other lands in the same district?

5. Will the granting of the variance be materially detrimental to the public welfare or injurious to the property or improvements in the vicinity and zone in which subject property is situated?

6. Will this variance be the minimum variance that will make possible the reasonable use of the land?

7. Will the granting of the variance be in harmony with the general purpose and intent of Chapter 17, and/or will it be injurious to the neighborhood, or otherwise detrimental to the public welfare?

Note: The fact that property may be utilized more profitably will not be an element of consideration before the board of adjustment.

Explain the extent of the circumstances that are creating hardship or difficulty in compliance with the City of Libby Zoning Code and list alternatives, and/or options considered by the applicant. Please provide supporting documentation:

Provide any additional information you would like the Board to consider:

Applicant signature: _____ Date submitted: _____

Board of Adjustments action: Approved___ Disapproved___ Date action taken: _____

Board notes:



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Variance Request Neighborhood Survey Form

Petitioner: (requesting variance)

Name: _____

Address of variance request: _____

Property owned by: _____

Zoning District: _____

Proposed variance request: _____

Respondent: (completing survey)

Name: _____

Address: _____

Phone: _____ Email: _____

I have been contacted by, _____ concerning the
above proposed variance request. Date: _____

___ I have no objections to the proposed change.

___ I oppose the proposed change.

___ I would like further contact and information concerning the proposed change.

Additional
Comments: _____

Prior to a decision by the City of Libby Board of Adjustments, a public hearing will
be held to discuss the variance request.

Signed: _____ Date: _____

Print Name: _____