



Fairbanks North Star Borough
 Department of Community Planning
 907 Terminal Street/P.O. Box 71267
 Fairbanks, Alaska 99707-1267
 (907) 459-1260 Fax: (907) 459-1255
 planning@fnsb.us

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

ADMINISTRATIVE VARIANCE APPLICATION FOR SETBACKS

File #. _____

***** FEES ARE NON-REFUNDABLE *****

- FEES: \$300 administrative variance application
 \$300 sign deposit (cash or check recommended)

Applicant:		Property Owner:
Contact Name:		Name:
Business Name:		Mailing Address:
Mailing Address:		City, State Zip:
City, State Zip:		Phone:
Phone:	Cell:	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:
<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>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)).

Fairbanks North Star Borough is subject to the Alaska Public Records Act, AS 40.25 et seq. and this document may be subject to public disclosure under state law.

ADMINISTRATIVE (SETBACK) VARIANCE REQUIRED SUBMITTALS CHECKLIST

1 Attach a detailed written narrative that addresses the following criteria set forth in FNSBC **18.104.060**:

D.1.a Provide evidence that *the relevant area of the building for which the setback variance is requested was built prior to April 25, 1988, or the setback violation existed when the when the property was purchased by the current owner prior to July 21, 2010.*

D.1.b Show how *the setback variance request is for 50 percent or less of the yard requirement.*

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

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 # _____

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

Name & Address on Check _____

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)

SIGN 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 _____

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