



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:	_____

ADMINISTRATIVE VARIANCE APPLICATION FOR SETBACKS

File No. _____

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

FEES: \$300 administrative variance application

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)).

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.*

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

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 _____