



120 First Avenue North  
PO Box 548 • Ilwaco, WA 98624  
Phone: 360.642.3145  
Fax: 360.642.3155  
www.ilwaco-wa.gov

## Shoreline Master Program Variance Permit Application

PROJECT/PROPERTY INFORMATION	OFFICE USE ONLY
Tax Parcel ID #:	
Site Address:	
OWNER/APPLICANT INFORMATION	
Owner:	
Applicant:	

The purpose of a variance permit is strictly limited to granting relief from specific bulk, dimensional or performance standards set forth in the shoreline master program where there are extraordinary circumstances relating to the physical character or configuration of the property such that the strict implementation of the shoreline master program will impose unnecessary hardships on the applicant or thwart the policies set forth in RCW 90.58.

**DIRECTIONS:** This Shoreline Master Program Variance Permit Application shall accompany a completed Master Planning Permit Application, a SEPA Checklist, a JARPA and an accurate to scale Site Plan. Provide all of the requested information and answer the questions as thoroughly as possible. Attach supporting information as necessary to support the application. Contact the City Planner with any questions.

Project Description:


Describe the requested variance:


Describe the strict application of the bulk, dimensional or performance standards set forth in the applicable shoreline master program the precludes, or significantly interferes with, reasonable use of the property:

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Describe how the above hardship is specifically related to the property, and is the result of unique conditions such as irregular lot shape, size or natural features and the application of the shoreline master program requirements, and not from deed restrictions or the applicant's own actions:

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Describe how the variance will not constitute a grant of special privilege not enjoyed by other properties in the area:

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Describe how the variance requested is the minimum necessary to afford relief:

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Describe how the proposed use will cause no significant adverse affects to the shoreline environment in which it is to be located, and how the public interest will suffer no substantial detrimental effect:

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Additional information to support your request for a variance:

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Authorized Signature:	
Print Name:	Date: