City of Capitola

VARIANCE APPLICATION

Project Address: _____

APN: _____

Please check variance(s) requested:

_____ First Floor Front Yard Setback
_____ First Floor Side Yard Setback
_____ Second Floor Front Yard Setback
_____ Second Floor Side Yard Setback
_____ Rear Yard Setback
_____ Other _____

_____ Lot Coverage
_____ Height
_____ Parking Spaces
_____ Parking Space Dimensions

Please answer the following questions completely. Please type or write legibly. Attach a second sheet, if necessary.

A. What are the special circumstances which apply to the subject property (including size, shape, topography, location or surroundings) where the strict application of the zoning ordinance will deprive the subject property of privileges enjoyed by other properties in the vicinity, and under identical zone classification?

B. Why would a variance for this project <u>not</u> be a grant of special privilege? _____