

# ☆☆☆ City of ☆☆☆ NEWCASTLE

**BOARD OF ADJUSTMENT CASE NO.:** \_\_\_\_\_

**APPLICATION FOR VARIANCE/SPECIAL EXCEPTION/APPEAL**

**DATE:** \_\_\_\_\_

TO THE BOARD OF ADJUSTMENT OF THE CITY OF NEWCASTLE, OKLAHOMA:

I/We, the undersigned, do hereby respectfully make application and petition to the Board of Adjustment. In support of this application, the following facts are shown:

1. The property affected is located at (Physical Address):  
\_\_\_\_\_
2. Legal Description (as appears on deed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. The property affected is owned by: \_\_\_\_\_
4. This property is currently being used for: \_\_\_\_\_
5. ★ It is proposed that the property will be put to the following use: \_\_\_\_\_
6. ★ Justification of this request is based upon: \_\_\_\_\_
7. ★ A fee was posted in the following amount: \_\_\_\_\_ \$

**SIGNATURE OF PROPERTY OWNER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

Office Use Only:  
 Date Received: \_\_\_\_\_  
 Approved: \_\_\_\_\_  
 Denied: \_\_\_\_\_

City Costs Associated:	
<b>BOARD OF ADJUSTMENTS</b>	
Variance	\$100.00
Special Exception	\$100.00

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## AFFIDAVIT

STATE OF \_\_\_\_\_ )

)

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ Being duly sworn, states: That the attached List of names/addresses was derived from \_\_\_\_\_ abstract office of McClain County Clerk's record, McClain County Assessor.

The list attached contains the names of all owners of record of property which are located within three hundred (300) feet of the exterior boundaries of the property described on the reverse side hereof, if this list contains 15 owners of record, it is sufficient, if 15 owners of record is not listed, the three hundred (300) foot limit must be expanded on one hundred (100) foot increments until the list contains not less than 15 names or the limits have been extended to one thousand (1000) feet.

**A COMPLETE NAME, MAILING ADDRESS AND ZIP CODE IS REQUIRED**

**SIGNATURE OF PROPERTY OWNER:** \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

Staff recommendations to Board of Adjustments <input type="checkbox"/> Grant <input type="checkbox"/> Deny <input type="checkbox"/> Amend as follows:
Justification to follow staff recommendation: