



TOWN OF WOODWAY

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<http://www.townofwoodway.com>

File #:
Date Received:

ADMINISTRATIVE VARIANCE APPLICATION

Project Address:		
Parcel #:	Property Size:	Zoning:

Property Owner(s)	Applicant
Name:	Name:
Mailing Address:	Mailing Address:
City/State/ZIP:	City/State/ZIP:
Phone Number:	Phone Number:
Email:	Email:

DESIGNATION OF AGENT - *Fill in only if someone other than the owner is submitting this application*

I hereby designate _____ to act as my agent in matters relating to this application for permit(s).

Owner Signature: _____	Date: _____
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Specifically State the Variance You Are Requesting (i.e. Setback, Lot Coverage, Height, etc.)

- This application will be reviewed using the criteria in WMC Chapter 14.50.025 (A). I certify that the requested variance:
- Complies with all of the conditions of Section 14.50.010 subsections A through F, and
 - Does not exceed five percent of each yard setback that is set forth in WMC Title 14.
- This application will be reviewed using the criteria in WMC Chapter 14.50.025 (B). I certify that the requested variance:
- Will result in at least a twenty-five percent reduction in the total area of the existing legal nonconforming setback projection(s);
 - Will not result in projections further into the setback than the furthest existing legal nonconforming projection(s) in the setback where the variance is being requested;
 - Does not increase the nonconforming projection(s) more than two hundred square feet; and
 - Complies with the conditions of Section 14.50.010 subsections D and F.

Current total non-conforming projections (s.f.):
Proposed total non-conforming projections (s.f.):
S.F. of new proposed non-conforming projections:

Print Name:	<input type="checkbox"/> Owner	<input type="checkbox"/> Agent
Signature:	Date:	