



CASE NO.: \_\_\_\_\_

▪ City of Portola ▪  
35 Third Avenue ▪ Portola, CA ▪ 96112  
(530) 832-4216 ▪ (530) 832-5418-fax ▪ www.ci.portola.ca.us

## VARIANCE JUSTIFICATION

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### PROJECT INFORMATION (to be completed by the Applicant)

Description of Variance Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Reason for Variance Request

Describe any special conditions or exceptional characteristics applicable to the property, including its size, shape, topography, location, or surroundings that do not apply generally to other property or class of uses in the vicinity and under identical zone classifications so that a denial of the application would result in undue property loss: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the reasons why you believe the variance is necessary for the preservation and enjoyment of substantial property rights of the applicant such as that possessed by owners of other property in the same vicinity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the reasons why the granting of such a variance will not be detrimental to the public interest, safety, health, or welfare, and will not be detrimental or injurious to the property or improvements in the same vicinity and zone in which the property is located: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CASE NO.:** \_\_\_\_\_

State why the granting of such variance will not be contrary to or in conflict with the general purposes and intent of Section 17.62 of the City of Portola Municipal Code (Attachment A): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant:** \_\_\_\_\_  
Name (property owner) Phone Number  
\_\_\_\_\_  
Street Address City, State, Zip Code

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\* lawful owner of record or their duly authorized agent (PMC Section 17.85.030)

Your request for a variance will be reviewed on the facts that you have submitted above. It is to your advantage to answer each question as thoroughly as possible.

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**VARIANCE REVIEW** (to be completed by City staff)

**Zoning Requirement/Variance Request:** \_\_\_\_\_ / \_\_\_\_\_

LEVEL OF REVIEW REQUIRED SCHEDULED DATE OF REVIEW  
 Planning Commission Review \_\_\_\_\_

**DECISION ON DEVELOPMENT APPLICATION** \_\_\_\_\_