## The Board of Adjustment

The Board of Adjustment was originally appointed in 1975 by the President of the Board of City Commissioners. This Board is authorized under North Dakota State Law and represents the highest administrative authority of the Zoning Ordinance in Devils Lake. The mandate of the Board is to rule on variances to the Zoning Ordinance requirements and to make the final decision on the permissibility of Conditional Use Permits.

Appellants before the Board may request any of three actions.

<u>Variances</u> are made only to parking, height or area requirements. No variance may be allowed to the use requirements. Variances are deviations, or exceptions, to the Zoning Law and consequently, must be a serious consideration. The guidelines for the granting of any variance are well defined and the responsibility for showing good cause for the exception requested, within these guidelines, is the sole responsibility of the appellant. The granting of any variance requires the concurring vote of four (4) members of the Board.

<u>Conditional Use Permits</u> are permits allowing a non-conforming use into a given zoning district. They are handled in the same manner as a variance except that the City Planning Commission reviews all requests and makes recommendations to the Board. The Board may attach virtually limitless conditions to the issuance of a Conditional Use Permit.

At the request of any person with a bona fide interest in the property or construction in question, the Board may issue an <u>opinion</u> of the action that would be taken by the Board should an appeal be made on the subject in question. It should be understood that an opinion issued in this manner will not be considered binding on the Board. Opinions are given only in an effort to provide the best service possible to the community.

## APPLICATION FOR BOARD OF ADJUSTMENT HEARING City of Devils Lake

Name of Applicant					
Name of Property Owner					
Property Address					
Legal description					
Describe project (attach sket	ch of plan)				
Type of action requested:  Explain why you feel your re		-		Opinion	
I certify that the above information of any action takes	any false or inac	ccurate statem	ents may constitut		
Applicant's signature			Date_		
Applicant's telephone no					
Owner's signature		(If different from applicant)			
Applicant or appli		ntative must a		ring.	
Date of hearing		\$50 Fee Paid			
Requestapproved Comments			withdrawn	other	
Chairman's signature			Date		