



# LAKE HAVASU CITY

## Variance Application

Submit completed application to the Development Services Department / Planning Division:  
2330 McCulloch Blvd N. / Lake Havasu City, AZ 86403 or [planninginfo@lhcaz.gov](mailto:planninginfo@lhcaz.gov)

To review specific regulatory procedures see Lake Havasu City Code Section 14.05.04(D)

APPLICATION NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

### (1) OWNER NAME/MAILING ADDRESS/CONTACT INFO

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### (2) APPLICANT NAME/MAILING ADDRESS/CONTACT INFO (if different than Owner)

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### (3) SITE LOCATION(S)

Street Address: \_\_\_\_\_

Assessor Parcel ID: \_\_\_\_\_ Tract \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

### (4) REQUEST DESCRIPTION

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

### (5) SUBMITTAL REQUIREMENTS

- a) Property owner list from the Mohave County GIS website: [www.mohavecounty.us](http://www.mohavecounty.us)
  - i) Minor - property owners adjacent to subject property
  - ii) Major - property owners within 300 feet of subject property
- b) Letter of Intent
- c) Two (2) ea. 8-1/2" x 11" site plans

### (6) APPLICATION PROCESSING TIMEFRAME & FEES

- a) Staff reviews submittal for completeness and compliance with the Lake Havasu City Code (3 business days).
- b) Staff contacts applicant for payment of fee (3 business days). Fees can be paid by credit card, check, or cash.
- c) Staff performs internal review (7 business days).
- d) Staff places item on next available agenda with the Board of Adjustment (45-60 days)(Major only).
- e) Staff mails original Notice of Action stating approval, approval with conditions, or denial to owner and a copy to applicant (if different) (1 to 3 business days).

Variance (**Major**): **\$309.83**

Variance (**Minor**): **\$206.55**

### (7) CONTACT PLANNING FOR FURTHER INFORMATION

Luke Morris, City Planner (928) 854-0722 [morrisl@lhcaz.gov](mailto:morrisl@lhcaz.gov)

Stuart Schmeling, Development Services Director (928) 854-0714 [schmelings@lhcaz.gov](mailto:schmelings@lhcaz.gov)

### (8) CLARIFICATION

A person may request the City to clarify its interpretation or application of a statute, ordinance, code, or policy affecting the processing of this application in accordance with ARS § 9-839.

### (9) CERTIFICATION/ACKNOWLEDGEMENT

- a) I hereby file the above request as an authorized applicant.
- b) To the best of my knowledge, the information provided herein is accurate and true.
- c) I am aware of the steps and timeframes involved in the processing of this application.

To submit this application electronically, Lake Havasu City requires that you certify your application by submitting an electronic signature. Please type your name in the field below and click the confirm signature check box.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CONFIRM SIGNATURE