

TOWN OF LYONS

Variance Internal Checklist

(Variances, Sec. 16-14-30.)

APPLICANT NAME: eCamion, Inc	
APPLICANT MAILING ADDRESS: 505 20 th St. North Suite 1200 Birmingham, AL 35203	
APPLICANT PHONE: 940-235-0206	EMAIL: angelina.ablia@julepower.com
ADDRESS OF VARIANCE:	
OTHER: Diane Dandeneau: ddandeneau@ipoweralliance.com , Heidi Haas: heidi.haas@ipoweralliance.com	
Please check the following (as completed):	
<input checked="" type="checkbox"/> Land Use Application Form	
<input checked="" type="checkbox"/> Payment of fees and fee deposit	
<input checked="" type="checkbox"/> Title commitment. The title commitment must be current and dated no more than thirty (30) days from the date of the application submittal.	
	A copy of a recorded deed for all of the property described in the application, evidencing that the applicant is the fee owner of the property
	A written, executed and notarized statement of the applicant representing to the Town that he or she is the fee owner of the property; and
	A certified copy of documentation from the County Assessor or County Clerk and Recorder evidencing that the applicant is the owner of record of the property
<input checked="" type="checkbox"/> Map. Map shall typically consist of a scale drawing depicting the property affected by the variance request, including but not limited to required or existing setbacks and proposed setbacks from adjacent lot lines or structures and any other information that will assist the BoA in understanding the request.	
<input checked="" type="checkbox"/> Surrounding and interested property ownership report. A list of the names and mailing addresses, of the surrounding property owners within 300 feet of the property, mineral interest owners of record, mineral and oil and gas lessees for the property and appropriate ditch companies. The applicant shall certify that the report is complete and accurate.	
<input checked="" type="checkbox"/> Public hearing notification envelopes. Provide the Town Clerk with one set of stamped, addressed, certified envelopes.	
INTERNAL USE ONLY (Complete applications must be reviewed within 10 days of submittal):	
Name:	Date:
The Application is:	
<input type="checkbox"/> Complete: Send application to Clerk's office to schedule hearing date.	Notes: Complete applications only mean all of the information is present. Whether the application is approved or denied is determined by the Board of Adjustments. Staff must include a staff report with the application.
<input type="checkbox"/> Incomplete: Send back to applicant	Notes: Inform the applicant in writing of the deficiencies.
Signature:	