

APPLICATION FOR VARIANCE

The undersigned as owner(s) of the following described property hereby request a Variance from the terms of the City of Billings-Section of the Site Development Ordinance.

1. Legal description of property: Lots 4-12 & 17-21, Block 59 of Fosters Addition Subdivision & Lots 4-11, Block 269 of Billings First Addition Tax ID#A07379, A07375, A01968, A01967, A01966
2. Address (If unknown, contact the City Engineer's office) or general location: 616 N. 25th Street, Billings, MT 59101
3. Owner (s): Dialysis Clinic Inc.
(Recorded Owner)
1633 Church St. Suite 500, Nashville, TN 37203
(Address)
(702) 280-3069 tim.reedy@dciinc.org
(Phone Number) (Email)
4. Agent (s): Sanderson Stewart
(Name)
1300 North Transtech Way, Billings, MT 59102
(Address)
(406) 656-5255 pdavies@sandersonstewart.com
(Phone Number) (Email)
5. Section of the Site Development Ordinance that this request for variance applies to: _____
Article 6 – 1203(1)
6. Reason for request: See attached letter and exhibits
7. Covenants for deed restriction on the property: Yes _____ No

I understand that the filing fee accompanying this application is not refundable, that it pays for the cost of processing, and that the fee does not constitute a payment for the variance requested. Also, that all the information presented is true and correct.

Signature:  Date: 6/26/18
(Recorded Owner)

Fee: _____ Receipt #: _____ Hearing Date: _____ Application # _____