

VARIANCE APPLICATION

REQUEST FOR VARIANCE DATE: _____

DATE FILED: _____

APPROVED/DENIED: _____

AMOUNT PAID: _____

CHAPTER 14 PART 14 SUBDIVISION 05 PIERZ CITY ORDINANCES

1414.05.Variences. Where the City Council, upon receiving recommendation from the Planning & Zoning Commission, finds that unique circumstances may exist and a request to vary from compliance with these zoning ordinances will result in a reasonable use and will not alter the characteristics of the neighborhood, variances may be granted.

THEREFORE, A VARIANCE MUST MEET THE FOLLOWING PRACTICAL DIFFICULTY FACTORS:

- 1) Unique Circumstances – Something about a person’s specific PROPERTY (not about the person) is unique and because of it being unique, a variance is necessary for a reasonable use.
- 2) Reasonable Use – the item being requested for on the PROPERTY is something that is reasonable to request and not excessive or unnecessary and similar to other property owners characteristics.
- 3) Characteristics – the item being requested for on the PROPERT will not alter characteristics of the neighborhood.

NAME OF APPLICANT: _____

PHONE: (Day) _____ (Evening) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER (if other than applicant): _____

PHONE: (Day) _____ (Evening) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LEGAL DESCRIPTION OF PROPERTY (Lot, block and subdivision or metes and bounds description:

LOT SIZE (Sq. Ft.): _____

For Office Use Only:

Planning Commission: ___ Approved ___ Denied Date: ___/___/___

City Council Decision: ___ Approved ___ Denied Date: ___/___/___

Variance Granted: ___ Yes ___ No Date: ___/___/___

Permit Number: _____ **Staff Signature:** _____

CITY OF PIERZ

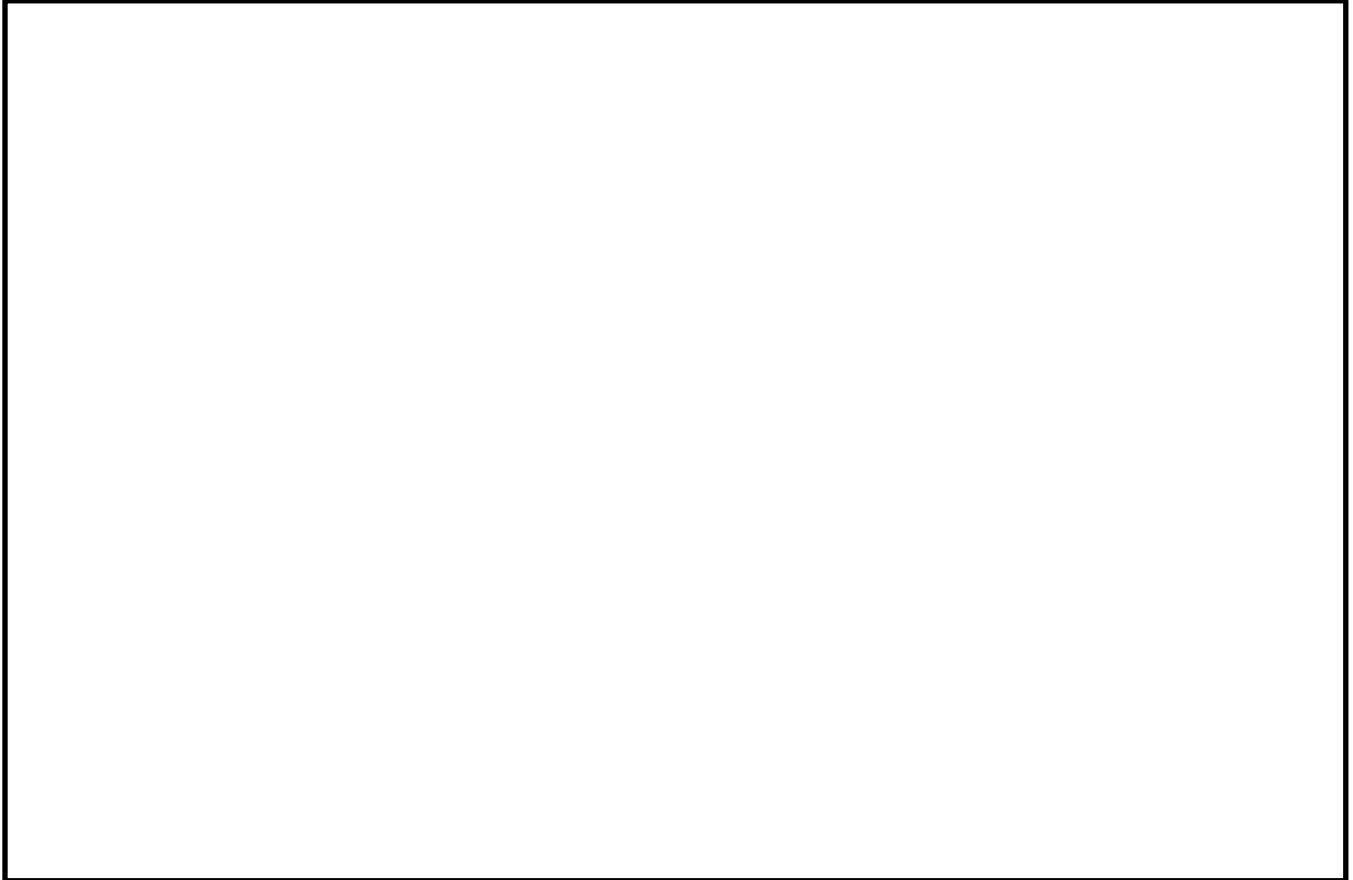
REQUEST FOR VARIANCE APPLICATION FORM

DATE FILED: _____

AMOUNT PAID: _____ **Application #:** _____

In the space provided below:

1. Sketch your property lines and indicate lot size
2. Sketch existing buildings with dimensions
3. Indicate space (in feet) between buildings and lot lines (setbacks)
4. Indicate space reserved for parking and note spaces with dimensions
5. Indicate direction of water runoff and drainage
6. Indicate the direction of North on the sketch



You are asked to attend the City of Pierz Planning Commission on ____/____/____ at _____ a.m./p.m. This application will then be heard at the next City Council meeting immediately following the date above unless you are otherwise notified. If you are unable to attend either of these meetings please contact City Hall at (320) 468-6471. I hereby certify that I have completed this application to the best of my knowledge and ability and that all work will be done as stated herein and in accordance with all applicable laws and ordinances of the City of Pierz and the State of Minnesota.

Signature of Applicant Date Signature of Owner

Date

AFFIDAVIT OF APPLICATION

STATE OF MINNESOTA)
SS.
COUNTY OF MORRISON)

We, the undersigned, being first duly sworn, on oath depose and state based on personal knowledge as follows:

1. That we desire to submit the attached application effecting the real estate described therein, and
2. That we are all of the fee owners of the said real estate, or if all of the owners have not personally signed this affidavit below, then a valid power of attorney, conservator, or person acting with proper authority as a demonstrated by an attached court order for each said person has signed below on their behalf, and
3. That all information contained in the attached application submitted herewith is true and correct.

APPLICANTS

(All owners or those with proper authority as described above)

_____	_____
_____	_____
_____	_____

Subscribed and sworn before me
This ____ day of _____ 20__.

STAMP

Notary Signature