THE HUB OF SIBLEY COUNTY
GAYLORD

VARIANCE APPLICATION

Applicant: _____
Name Address

Telephone and Email: _____

Owner (if different): _____
Name Address

Telephone and Email: _____

Street Address of Property: _____

Legal Description of Property: _____

_____

_____

Property Zoning: _____

Zoning Code Section Seeking Variance From: _____

Variances are only considered if the resulting development/improvement will be in harmony with the general purpose and intent of the City's Zoning Ordinance, Comprehensive Plan, and when the applicant for the variance establishes that there are practical difficulties in complying with the Zoning Code. *Practical difficulties* as used in connection with granting of a variance, mean that:

1. The property owner proposes to use the property in a reasonable manner not permitted by the zoning ordinance;
2. The plight of the landowner is due to circumstances unique to the property not created by the landowner;
3. The variance, if granted, will not alter the essential character of the locality; and
4. Economic considerations alone do not constitute Practical Difficulties.

Description of Request: state the intended purpose which does not conform with the Zoning Ordinance that creates a practical difficulty as described above *(attach additional sheets if necessary)*.

_____

_____

_____

_____

_____

_____

Property Survey: A survey, as prepared by a registered land surveyor, shall accompany the variance application, unless waived by the City. The survey shall provide the legal description and illustrate the legal dimensions of the property, identify all existing and proposed buildings, driveways, sidewalks, decks, patios, and any easements. The survey shall identify in square footage the amount of impervious surface (lot coverage).

Shoreland Overlay District: Notice shall be provided to the Minnesota Department of Natural Resources for any properties seeking a variance that are in the Shoreland Overlay District

I hereby affirm that all information above is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

City of Gaylord Use Only:

Date application received:_____

Application Fee Paid: $ _____ Date: _____ Receipt # _____

Planning & Zoning Commission Hearing Date:_____

City Council Action: ☐ Approved ☐ Denied Date:_____

City Signature:_____ Date:_____