

# Wabasha County Application for Variance or Appeal

- An accurate and complete application for a variance or appeal shall be submitted along with a \$500 application fee to begin processing the application. **Incomplete applications will not be processed.**
- A plot plan shall be submitted with all applications.
- Applications must be received by the Zoning Department on or before the 15<sup>th</sup> day of the month in order to be considered by the Board of Adjustment at the meeting in the **proceeding** month.
- As per state statute, notice of the public hearing for your request will be sent to all landowners within 500 feet of the property upon which the variance is being sought.

Applicant's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

Address of property: \_\_\_\_\_

Legal description: Sec. \_\_\_\_\_, T. \_\_\_\_\_, R. \_\_\_\_\_, Township of \_\_\_\_\_

**The following questions shall be answered in order to consider your application.**

1. List the appeal or variance(s) being requested: \_\_\_\_\_

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

2. For a variance request, explain the unique circumstances or conditions that cause you to seek a variance as opposed to finding an alternative that would comply with the Zoning Ordinance. \_\_\_\_\_

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

3. Explain the general character of the surrounding properties and how your variance request(s) will not have an adverse effect on the character and quality of the area if granted. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Indicate the local township official notified of your request(s) (see clerk list on back of application), the date the official was notified, and any applicable permits you may have received from the township. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify by my signature that all information presented herein is true and correct to the best of my knowledge. I give permission for Wabasha County Zoning Department staff and Board of Adjustment members to enter onto the property on which the variance is being proposed by this application during daylight hours to collect information relative to my proposal. I further agree to withdraw this application if substantive false or incorrect information has been included. I also understand that the \$500 fee is nonrefundable once a public hearing has been conducted on my proposal.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

OFFICE USE ONLY

Zoning District:      A-1   A-2   A-3   R-1

Variance or appeal from section: \_\_\_\_\_

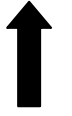
Date submitted: \_\_\_\_\_

Date of public hearing: \_\_\_\_\_

Date recorded: \_\_\_\_\_

# Plot Plan

NOTE: Indicate the location of the variance request, distances from buildings currently on property or being proposed (provide building dimensions also), location of public roadways, all impervious surfaces, and the location of the sanitary sewer system.



North