VARIANCE APPLICATION NO.\_\_\_\_\_\_\_

Marc Telecky, Director, Environmental Services

1065 5th Avenue SE, Hutchinson, MN 55350 Phone: (320) 484-4300

* ***Applicant, you must call your township clerk to get on the agenda of the township board meeting to receive their recommendation to this application. Once you have obtained their recommendation and signature, return this application to the Zoning Office for your public hearing with the McLeod County Board of Adjustment.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:**  | **60-day date**:  | **Permit Fee**: **$496.00**  | **Receipt #**:  |

|  |  |
| --- | --- |
| **Applicant Information:** | **Property Owner Information:**  |
| **Name**: |  | **Name**: |  |
| **Street Address**: |  | **Street Address**: |  |
| **City/ST/Zip:** |  | **City**: |  |
| **Phone No**.: |  | **Phone No**.: |  |
| **e-Mail Address:** |  | **e-Mail Address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section No**:  | **Township**:  | **Range**:  | **Parcel #:**  |

|  |
| --- |
| **Legal Description:**  |

|  |
| --- |
| **Road/Street:**  |

|  |
| --- |
| **Type of Variance Requested**:  |

|  |
| --- |
| **Practical Difficulty:** *(Reason for Variance)*  |

|  |
| --- |
| **Type of Structure:**  |

*I swear that all information submitted by me (or my agent representing me) as part of this request to the best of my knowledge is true, accurate and complete. I hereby authorize the County Zoning Administrator or authorized agent to enter upon property subject to this request to gather information pertinent to this application*.

|  |  |
| --- | --- |
| **X** **Applicant’s Signature:** | Date: |
| **X** **Property Owner’s Signature:** | Date: |

##### TOWNSHIP BOARD

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Township Board recommended **🖵 approval 🖵 denial** of this

Variance permit on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chairman of the Township Board.

###### McLEOD COUNTY BOARD OF ADJUSTMENT

The McLeod County Board of Adjustment **🖵 approved 🖵 denied** this variance permit

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chairman, McLeod County Board of Adjustments.

**60 – Day Timeline Requirement***: In cases where MS. 15.99 applies, the County hereby notified the applicant that a decision may not be rendered within 60 days due to public hearing requirements and agency review. Therefore, the County is notifying the applicant that a 60-day review waiver is required. A decision on the request shall be completed within 120 days unless additional review extensions are approved by the applicant.*

***I hereby agree to waiver the 60-day timeline requirement set by state statute on my variance request.***

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Applicant’s Signature Date**