

CITY OF HOLDINGFORD



www.holdingfordmn.us

320.746.2966

VARIANCE APPLICATION

A. Applicant's Name:

Telephone

Home: _____

Work/Cell: _____

B. Address (Street, City, State, ZIP):

C. Property Owner's Name (If different from above):

Telephone

Home: _____

Work/Cell: _____

D. Location of Project:

E. Legal Description:

F. Description of Proposed Project:

G. Specify the section of the ordinance from which a variance is sought:

H. Explain how you wish to vary from the applicable provisions of the ordinance:

I. Please attach a site plan or accurate survey as may be required by ordinance.

J. Please answer the following questions as they relate to your specific variance request:

1. In your opinion, is the variance in harmony with the purposes and intent of the ordinance?

Yes () No () Why or why not?

2. In your opinion, does the proposal put property to use in a reasonable manner?

Yes () No () Why or why not?

3. In your opinion, are there circumstances unique to the property?

Yes () No () Why or why not?

4. In your opinion, will the variance maintain the essential character of the locality?

Yes () No () Why or why not?

The City Council must make an affirmative finding on all of the four criteria listed above in order to grant a variance. The applicant for a variance has the burden of proof to show that all of the criteria listed above have been satisfied.

The undersigned certifies that they are familiar with application fees and other associated costs, and also with the procedural requirements of the City Code and other applicable ordinances.

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date received: _____ Application Fee Paid: _____

Hearing/Meeting Date and Time: _____

Surrounding property owners notified: _____

City Council Action: APPROVED DENIED Date: _____