Zoning Administrator
Lac qui Parle County
600 6th Street
Madison, Minnesota 56256
320-598-3132

VARIANCE PERMIT APPLICATION

FEE $500.00

Owner/Applicant:_____Phone:_____

Address:_____

Legal Description of Property:_____
_____

Section:_____Township:_____Range:_____Township Name:_____

Action Requested: (Check appropriate items)
_____Rezoning _____Conditional Use _____Variance
_____Preliminary Plat _____Final Plat _____Other

Description of Request:_____
_____
_____

Signature of Applicant:_____
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SKETCH OF PROPOSED REQUEST WILL BE PRESENTED AT HEARING
List: Property Owners within 500 feet or Ten Properties nearest to the affected property, whichever would provide notice to the greatest number of owners:

1._____
_____
2._____
_____
3._____
_____
4._____
_____
5._____
_____
6._____
_____
7._____
_____
8._____
_____
9._____
_____
10._____
_____

SKETCH IN YOUR PROPOSED REQUEST
(see attached aerial photo)

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DATE OF PUBLIC HEARING:_____
PLANNING COMMISSION ACTION: Approved_____Denied_____by the Planning Commission on_____(date) subject to the following conditions:_____
_____
_____
_____

COUNTY BOARD ACTION: Approved_____Denied_____by the Board on_____(date) subject to the following conditions:_____
_____
_____