

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

VARIANCE PERMIT APPLICATION

FEE \$600.00

Owner/Applicant: _____ **Phone:** _____

Address: _____

Legal Description of Property: _____

Section: _____ **Township:** _____ **Range:** _____ **Township Name:** _____

Action Requested: (Check appropriate items)
_____ Rezoning _____ Conditional Use _____ X Variance
_____ Preliminary Plat _____ Final Plat _____ Other

Description of Request: _____

Signature of Applicant: _____

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)

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: _____

