



# APPLICATION FOR VARIANCE

County of Sibley  
Gaylord, MN 55334

|                  |       |
|------------------|-------|
| Permit No.       | _____ |
| Application Fee: | \$500 |
| Filing Fee:      | \$46  |
| TOTAL Fee:       | \$546 |

Date \_\_\_\_\_ P.I.D. No. \_\_\_\_\_ Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

OWNER: Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

APPLICANT (if different): Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### DESCRIPTION OF THE PROJECT:

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

Please attach a map, survey, site plan or sketch depicting the area where the variance is requested. Also attach any relevant supporting documentation, such as photographs, letters, or other evidence as appropriate.

### REASON FOR REQUESTING THE VARIANCE:

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

### OFFICE USE ONLY:

Received: \_\_\_\_\_ Notice Published: \_\_\_\_\_ Board of Adjustment Meeting: \_\_\_\_\_

Owner/applicant notification: \_\_\_\_\_ Recorded: \_\_\_\_\_