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Application for Variance

Permit #: _____ Date: _____

Location of the Affected Parcel or Property:

Address: _____ City: _____ State: MN Zip: _____
House # Street Name

Parcel Number: _____ Township Name: _____

Section: _____ Township Number: _____ Range: _____

Legal Description:

Information about the Variance Request:

Zoning District: _____

General description of the building or request:

Type of occupancy:

Building Size: (Please enter dimensions in feet)

Width: _____ Length: _____ Diameter: _____

Sidewall Height: _____ Total Height: _____

Setbacks: (Please enter in feet)

Side Yard Setback: _____ Direction: _____

Side Yard Setback: _____ Direction: _____

Rear Yard Setback: _____ Direction: _____

Road Type: _____ Setback from the Center of the Road: _____

Right-of-Way Width measured from Centerline _____

Other information:

Applicant Information:

First Name: _____ Last Name: _____
Business Name: _____
Address: _____ City: _____ State: MN Zip: _____
Home Phone: _____ Cell Phone: _____ Email: _____

Land Owner Information: (Complete only if different from applicant)

First Name: _____ Last Name: _____
Business Name: _____
Address: _____ City: _____ State: MN Zip: _____
House # Street Name
Home Phone: _____ Cell Phone: _____ Email: _____

I affirm that the forgoing information is true and accurate. I understand that if any portion of this information is false or materially misleading, any variance issued in reliance upon this information is voidable at the election of Redwood County.

Land Owner Signature: _____ Date: _____

The following must be attached for this to be considered a completed application:

* A detailed site map. This must include: the location of watercourses, setbacks from property lines, current and proposed locations of any structures, well location, location and names of roads, railroads, known tile lines, proposed fences, utility rights-of-way, planned entrances and exits for operation area, and any signs being posted.

Office Use Only: * The section below is to be filled out by the Environmental Office Staff

Variance Fee: _____ Receipt #: _____ Date Approved: _____

Conditions:

Application Received: _____

Board of Adjustment:

Approved: _____ Date: _____

Disapproved: _____ Date: _____