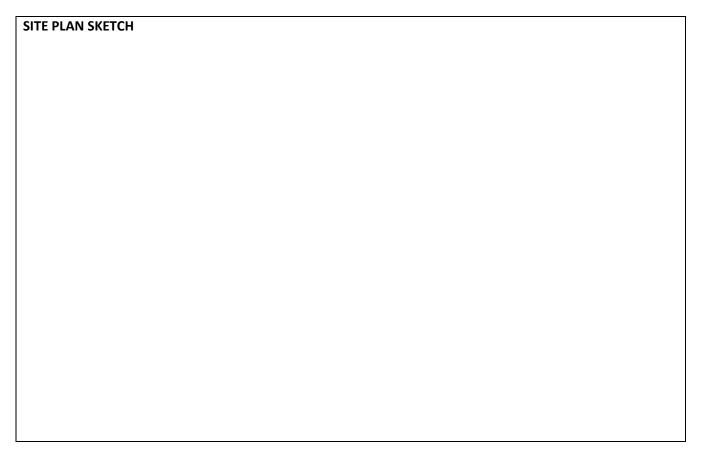
Itasca County Variance Application (v.04.09.12)

Itasca County Environmental Services 123 NE 4th Street

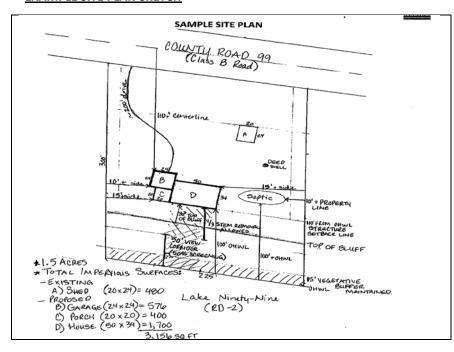
Grand Rapids, MN 55744 Phone: (218) 327-2857 TDD: (218) 327-2806

Fax: (218) 327-7331 APPLICANT/OWNER NAME(S): _____ AGENT NAME: MAILING ADDRESS: PROPERTY ADDRESS: PHONE: ALTERNATE PHONE: PARCEL IDENTIFICATION NUMBER_____ LEGAL DESCRIPTION: SECTION:____TOWNSHIP:____RANGE:____TOWNSHIP NAME:____ ZONING DISTRICT: LAKE NAME/CLASS: _____SECTIONS OF THE ZONING ORDINANCE THIS VARIANCE APPLIES TO **EXPLAIN REQUESTED VARIANCE NEED(S):** Detailed description of practical difficulty, or reasons for the variance *Attach additional sheets if necessary labeled "Variance Request" *Please see the Criteria Necessary for the Granting of a Variance and, if applicable After the Fact Variance IS THE VARIANCE REQUEST AFTER THE FACT? _____YES MANDATORY LAKESHORE MITIGATION: (To be included with the variance application if applicable) A. Septic System: Certified_____; Shall be Upgraded _____with Permit/Design obtained by: _____ Certification of New Septic System by: B. Erosion control, storm water management, and mitigation plan as shown in Variance Application Instructions. _____YES _____NO ____Not Applicable

PERMIT #_____



EXAMPLE SITE PLAN SKETCH



*You must include all buildings, existing and proposed, on your property and label them. You must include all dimensions (including height) of the buildings as well as all setbacks to property lines, lakes or rivers, roads, and any other pertinent setbacks. Indicate slope of property with arrow(s).

Site Inspection: The applicant acknowledges that no one can be prohibited from coming onto the property when the site is inspected by the Board of Adjustment.

Upon approval of this variance, it shall be the responsibility of the applicant to notify the Environmental Services Department, upon completion of their project, including any conditions. The property may be inspected at any time to assure and affirm all conditions and terms of the permit are in compliance.

SIGNATURE		DATC
FOR OFFICE USE:		
	ıll. Also the Applic	rtment received the completed application, accompanying cant or Agent has been given a copy of the information iance processing.
days of submission of the completed ap time of denial. This time line may be ex notice with reasons for the extension. will end on:	plication/fee. If said Itended by Itasca Cou The extension may no	a County must approve or deny the variance application within 60 application is denied, the reason/s must be stated in writing at the unty for another 60 days provided the applicant/s receive written ot exceed 60 days unless approved by the applicant. The 60 days days an extension for the following reasons with an expiration date of:
AUTHORIZING SIGNATURE		DATE
On, the applicants hereb	y waive the time fra	me requirements set forth in MS#15.99:
APPLICANT SIGNATURE		DATE
Witness:		
RECOMMENDATIONS: TOWN BOARD OF	APPROVAL	CHAIR
OR	AMEND	DATE
UNORGANIZED TOWNSHIP	REJECTION	COMMISSIONER
REASONS:		
and to protect adjacent properties and rough proportionality to the impact cred	the public interest, bu ated by the variance.	ng of a variance to insure compliance, to protect the environment, ut any and all conditions must be directly related to and must bear a sly/ majority vote APPROVED AMENDED DENIED a variance
(De	escription of Variance ar	nd conditions or reasons for denial)
		DATE
Chairperson – Itasca County Plannir	g Commission/Boa	ard of Adjustment
	ordance with Section	e with all County, State and Federal Rules, Regulations and on 18.4 of the Zoning Ordinance, an appeal to District Court of the decision.