

**CITY OF CARLOS ~ VARIANCE APPLICATION**109 W 1<sup>ST</sup> ST ~ PO BOX 276 ~ CARLOS, MN 56319

Phone: 320-852-3000 ~ email: office@cityofcarlos.com

Property Address: \_\_\_\_\_

List All Property Owners: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Parcel No.: \_\_\_\_\_

Legal Description: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Addition: \_\_\_\_\_

**DESCRIPTION OF REQUEST: (use separate sheet if needed)**

<b>PERMIT FEE</b>	<b>\$400.00</b>
<b>Non-Refundable</b>	

Zoning District \_\_\_\_\_

Existing Use of Property \_\_\_\_\_

Property Dimensions \_\_\_\_\_

Property Area \_\_\_\_\_

Building Area \_\_\_\_\_

Lot Coverage \_\_\_\_\_

Front Setback \_\_\_\_\_

Rear Setback \_\_\_\_\_

Side Setback \_\_\_\_\_

Side Setback \_\_\_\_\_

Structure Height \_\_\_\_\_

Is The Variance Needed To Replace An Existing Structure OR Add An Additional Structure \_\_\_\_\_

**If Replacing, Is The Existing Structure, Non-Conforming?** \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**All Property Owners Must Sign This Application**

For office use only: Application Fee: \$500.00 (non-refundable)

Date Received In Office: \_\_\_\_\_

For office use only: Cash \_\_\_\_\_ Check No. \_\_\_\_\_ Date Paid \_\_\_\_\_

Present To Planning Board Date: \_\_\_\_\_ Board of Adjustment Set Public Hearing Date: \_\_\_\_\_

Board of Adjustment Public Hearing Date: \_\_\_\_\_ Board of Adjustment Makes Determination Date: \_\_\_\_\_

**PLANNING BOARD ACTION:**

Recommended to Board of Adjustment: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_

BOARD OF ADJUSTMENT ACTION: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_