

CITY OF CARLOS ~ VARIANCE APPLICATION

109 W 1ST 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)

DRAWING OF PROPOSED VARIANCE: (use separate sheet)

Application Must Include:

- A site plan showing existing lot lines and dimensions as well as lot area, all easements, all public streets, and private right of ways bordering and adjacent to the site, the use and location of all adjacent property.
- The specific feature or features of the proposed use, construction, or development that requires a variance.
- Specific provisions of Ordinance from which a variance is sought and the precise variance there from being sought.
- Statement of characteristics of the property that prevent compliance with the provisions of the Ordinance.
- Legal description from abstract.
- Any written or graphic data required by the City Administrator.

PERMIT FEE

\$400.00

Non-Refundable

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 _____

Date Received In Office: _____

All Property Owners Must Sign This Application

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

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: _____