APPLICATION FOR VARIANCE
Swift County, Minnesota

ATTENTION:
The information asked for is not required by law. However, this application cannot be processed without it. It will be used by the Swift County Zoning Administrator, his staff, the Swift County Board of Adjustment throughout the application process.

1. Applicant: Name: _____
   Address: _____
   _____
   Telephone #: _____
2. Give exact location/legal description where the variance is being proposed. Applicant must include A site map of the proposal showing the dimensions, etc. (site map attached):
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
3. Type of variance is being requested:
   _____
   _____
   _____
   _____
   _____
4. In accordance with subsection 2.8 of the Swift County Zoning Ordinance, you must provide an explanation to the following five questions prior to the Board of Adjustment reviewing such a request:
   a. Will the granting of this variance be in conflict with the Swift County Comprehensive Plan?
      _____
      _____
      _____
      _____
   b. Can the property yield a reasonable return if used in compliance with this Ordinance?
      _____
      _____
      _____
      _____
   c. Are the conditions causing the hardship unique and not shared by the neighboring property in the same zone?
      _____
      _____
      _____
      _____

d. Will the granting of the variance essentially alter the character of the neighborhood?

_____
_____
_____
_____

e. Will the granting of this variance adversely affect the environmental quality of the area?

_____
_____
_____
_____

5. I hereby certify that I am the owner or authorized agent of the property described in this application and that all construction will conform with existing state laws and the provisions prescribed by the Swift County Board of Adjustment.

_____ _____

APPLICANT'S SIGNATURE **DATE**

ATTENTION! The portion of the application below will be filled out by the Swift County Zoning Administrator and the Board of Adjustment.

6. The following persons and/or adjacent landowners have been contacted regarding the proposal:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Comments: _____
_____
_____
_____
_____

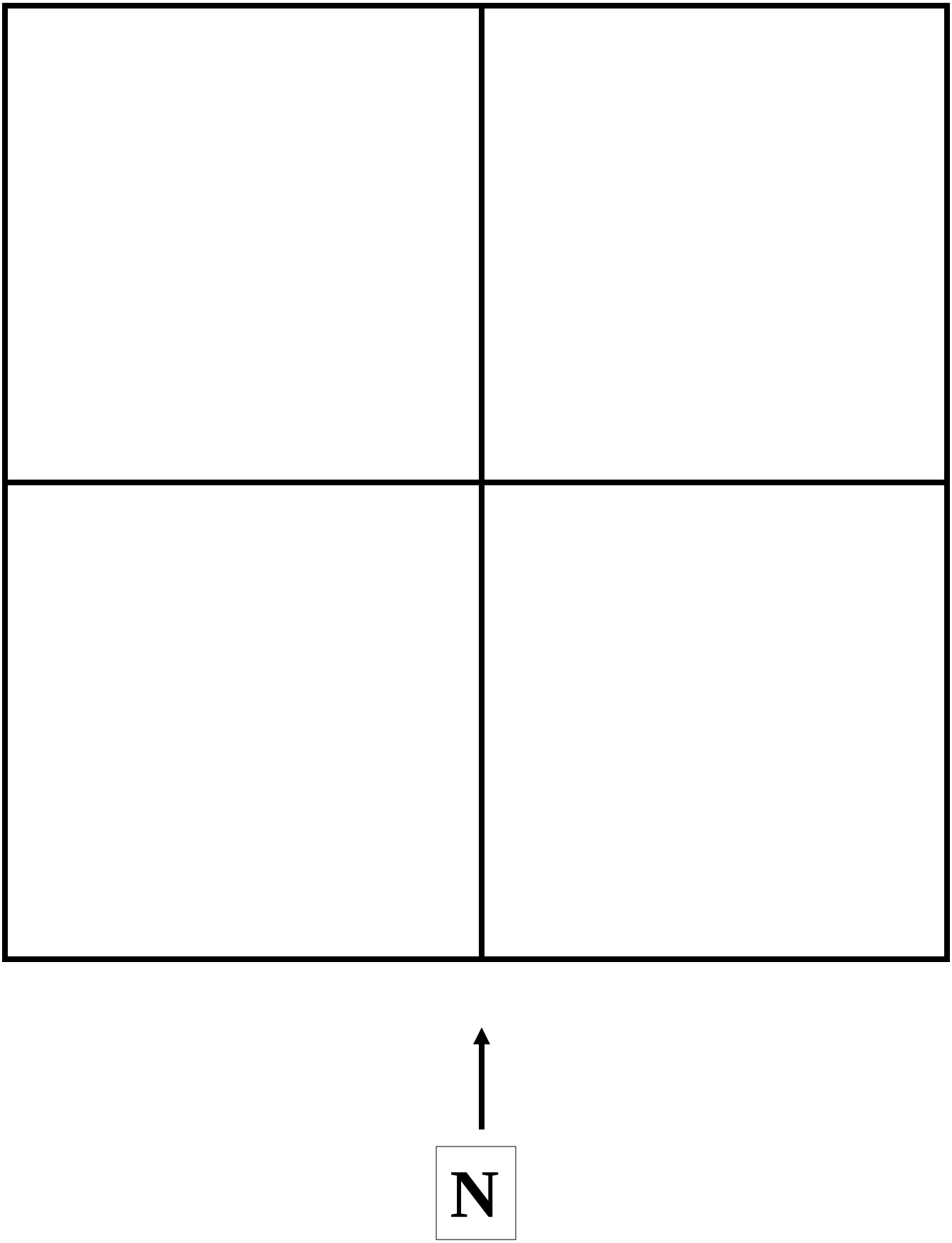
7. On _____, 20_____ Township Supervisor(s) were sent notice of this proposal, and their recommendation to the Swift County Board of Adjustment is to:
_____ approve or _____ disapprove the proposal.
Township's comments: _____
_____
_____
_____
_____

8. On _____, 20_____ the Swift County Board of Adjustment held a public hearing for this application. The Board of Adjustment has:
_____ approved or _____ disapproved the proposal.

_____ _____
SWIFT COUNTY BOARD OF ADJUSTMENT CHAIRMAN **DATE**

Please include a check in the amount of $250.00 made out to S.C.E.S. (Swift County Environmental Services) and a check in the amount of $46.00 made out to the Swift County Land Records office.

Mail application and checks to: Swift County Environmental Services
P.O. Box 207
Benson, MN 56215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