

Application for a Variance



INSTRUCTIONS

Before you apply for a Variance, all property taxes must be current. Please complete this application in full. Incomplete or incorrect applications will be returned to the applicant. The application and required submittal documents may be submitted in person or mailed to:

Mille Lacs County Land Services Office
635 2nd Street SE
Milaca, MN 56353

APPLICANT INFORMATION

Name: _____ Contact Phone: _____

Mailing Address: _____

E-mail Address: _____

Are you purchasing the property on a Contract for Deed? (*circle one*) Y N

If yes, please have the Contract Holder sign here: _____

PROPERTY INFORMATION

Property Address: _____

Parcel ID Number: (*e.g. 00-000-0000*) from your tax statement: _____

Is the property located within 1,000 feet of a lake or 300 feet of a river? (*circle one*) Y N

APPLICATION SUBMITTAL REQUIREMENTS

- Description of requested Variance, including:
 - How it is reasonable;
 - How it is compatible with surrounding properties; and
 - How it is due to the unique condition of the property creating a legitimate need for the variance.
- Measurements of all hard surfaces such as driveways, structures, walkways, decks, patios, etc.
- Site Plan
- Certificate of Compliance if property is located in Shoreland or Wild and Scenic River Districts

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TERMS AND CONDITIONS

The information in this application and submitted materials are true and correct to the best of my knowledge. I agree that all work will comply with all applicable federal and state regulations and the Mille Lacs County Development Ordinance. I also agree to allow Mille Lacs County staff to enter the property during normal business hours to conduct tests and inspections as may be needed to process the permit application.

Signature of Applicant/Owner

Date

OFFICE USE ONLY

Date Application Received: _____

Taxes Verified as Current: Y N

Zoning District: _____

Any Violations on Property: Y N

Ownership Verified: Y N

Date Staff Approved Application as Complete: _____

Ownership

Setbacks

Floodplain

Wetlands

Public Waters

Impervious Surface

Board of Adjustment Date: _____

60-Day Expiration Date: _____

Recording Order Number: _____

Reviewer Initials: _____

Notes:

