



CITY OF SLEEPY EYE, MINNESOTA

200 MAIN STREET EAST, SLEEPY EYE, MN 56085 (507) 794-3731

APPLICATION FOR ZONING VARIANCE

To: Board of Adjustment and Appeals

I (We), the undersigned owner(s) of the property described below, do hereby petition you to grant a zoning variance from the provision(s) of the Zoning Ordinance as stated below:

1. Legal Description is Lot _____ Block _____ Addition _____

2. Variance request relates to _____

3. Reason(s) for request are _____

4. The Applicant must stake-out dimensions (minimum of 4 stakes) clearly identifying the location of the requested variance. The stakes should be kept up until final approval is granted by the Board of Adjustment and Appeals.

Date: _____ Signed _____

Fee: _____ Address _____

City _____

Phone _____

E-mail _____

DECISION BY CITY COUNCIL _____ DENIED Paper Notice _____

_____ GRANTED Mailed Notice _____

_____ GRANTED WITH CONDITIONS Presented to P&Z Commission _____

Public Hearing _____

Signature _____

Date _____

City Manager