



CITY OF MONTEVIDEO  
103 Canton Avenue, P.O. Box 517  
Montevideo, MN 56265  
Telephone: (320) 269-6575

**NOTICE OF APPEAL - VARIANCE**

Date of Board of Zoning Adjustment Meeting: \_\_\_\_\_  
Date of City Council Meeting: \_\_\_\_\_  
( \$250.00 application fee)

Applicant/Property Owner \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Property ID#/Legal Description & Address of Property Involved \_\_\_\_\_

Property Owner \_\_\_\_\_ Address \_\_\_\_\_

Zone \_\_\_\_\_ Building Classification \_\_\_\_\_ Lot Size \_\_\_\_\_

Present Improvements Upon Land \_\_\_\_\_

( Site Plan Drawing must be attached to show requested variance [staff will assist.] )

**REQUEST: The applicant requests that a determination be made by the Montevideo Board of Zoning Adjustment on the following appeal:**

**Variance is requested to Zoning Ordinance Section \_\_\_\_\_, Subdivision \_\_\_\_\_, Paragraph \_\_\_\_\_.**

Description of Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions:

- 1) Does the property owner have an undue hardship because of the unique circumstances of the individual property? \_\_\_\_ Yes \_\_\_\_ No. If answered yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2) Can the property in question be put to a reasonable use under the language of the zoning ordinance? \_\_\_\_ Yes \_\_\_\_ No. If answered no, explain:  
\_\_\_\_\_  
\_\_\_\_\_
- 3) Is the situation of the landowner due to circumstances unique to the property not created by the landowner? \_\_\_\_ Yes \_\_\_\_ No. If answered yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Will the Variance alter the essential character of the locality? \_\_\_\_ Yes \_\_\_\_ No.  
If answered no, explain:  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Is this Variance consistent with the Comprehensive Plan? \_\_\_\_ Yes \_\_\_\_ No

*City to complete this section*

**NOTIFICATION OF SURROUNDING PROPERTY OWNERS WITHIN 100'**

Attached is a list of property owner names/addresses/parcel numbers of owners for properties within 100' of the outer boundaries of the property involved in this appeal as shown by the latest assessment roll of Chippewa County.

I hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_

Fee Paid: \_\_\_\_ Yes \_\_\_\_ No Date being advertised: \_\_\_\_\_

Check # \_\_\_\_ Date: \_\_\_\_\_