



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: _____