



VARIANCE APPLICATION

The City of Nevis

104 Main Street W, P.O. Box 108, Nevis, MN 56467

Phone: 218-652-3866, neviscty@gmail.com

Fee Paid: _____ **Escrow Paid:** _____ **Variance #:** _____

Date Received in office: _____

Applicant: _____

(Applicant must be property owner)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ E-mail: _____

Property Address (if different than above): _____

PID #: _____ Zone: _____ **Attach the legal description to this application.**

Existing Use of Property: _____

Specify the section of the ordinance from which a variance is sought:

Division _____ Section: _____

Division _____ Section: _____

Explain how you wish to vary from the applicable provisions of the Ordinance: _____

Please answer the following questions as they relate to your specific variance request:

1. In your opinion, is the variance in harmony with the purposes and intent of the ordinance? Yes () No ()
Why or why not?

2. In your opinion, is the variance consistent with the comprehensive plan? Yes () No ()
Why or Why not?

3. In your opinion, does the proposal put property to use in a reasonable manner? Yes () No ()
Why or Why not?

4. In your opinion, are there circumstances unique to the property? Yes () No ()
Why or Why not?

5. In your opinion, will the variance maintain the essential character of the locality? Yes () No ()
Why or Why not?

Agreement: By submitting this application, I certify and agree that I am the owner or the authorized agent of the owner of the above property, and that all uses will conform to the provisions of the City of Nevis. I further certify and agree that I will comply with all conditions imposed in connection with the approval of the application. Applicants may be required to submit additional property descriptions, property surveys, site plans, building plans and other information before the application is accepted or approved. Intentional or unintentional falsification of this application or any attachments thereto will make the application, any approval of the application and any resulting permit invalid. I authorize City of Nevis staff to inspect the property to review the application and for compliance inspections. Furthermore, by submitting this application, I release the City of Nevis and its employees from any and all liability and claims for damages to person or property in any manner or form that may arise from the approval of the applications or any related plans, the issuance of any resulting permit or the subsequent location, construction, alteration, repair, extension, operation or maintenance of the subject matter of the application.

Property Owner Signature

Date

Printed Name

Office Staff Section:

All documentation was received with application: _____ if not, what was missing _____

If not, what date did you notify the applicant that they needed to provide more information: _____

Full application received date: _____