

# APPLICATION FOR VARIANCE

CITY OF ARLINGTON

204 Shamrock Drive

Arlington, MN 55320

PHONE: 507-964-2378

FAX: 507-964-5973

Fee \$ \_\_\_\_\_  
Paid \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

*I/We, the undersigned, as owners of the property described hereby appeal to the City Council and Planning Commission of Arlington, Minnesota to grant a variance from the City Code. Applicants have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements.*

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

1. Legal description & PID of land affected by the application: \_\_\_\_\_

2. Present zoning of above described property: \_\_\_\_\_

3. The request(s) which we desire for our property are in conflict with the following section of the Arlington Zoning Ordinance.

Section: \_\_\_\_\_

Section: \_\_\_\_\_

\_\_\_\_\_

Section: \_\_\_\_\_

4. Proposed Non-Conformance(s): \_\_\_\_\_

5. What special conditions/circumstances exist which are particular to the subject site or building involved which do not apply to the land, structures or building(s) in the same zoning classification. Attach additional pages if needed.

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

6. Do special conditions and circumstances result from your own actions? Explain. If answer is 'yes', you may not qualify for a variance .

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

7. "Undue hardship" as used in connection with the granting of a variance means the property in question cannot be put to a reasonable use under conditions allowed by the official controls. Please explain why this request qualifies as an 'undue hardship'. Attach additional pages as needed.

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

8. State reasons the variance, if granted, will not alter the essential character of the locality.

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

9. State your reasons for believing that the action(s) you propose to take is/are in keeping with the spirit and intent of the zoning code.

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

10. Economic consideration alone shall not constitute an undue hardship under the terms of this code as referenced in state statutes; explain why this request is not solely based on economic hardship.

11. Will the granting of the variance result in a condition which impairs an adequate supply of light and air to adjacent properties, diminishes the established property values in the surrounding area or impairs the public health safety or welfare of the citizens of the city? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Could the goal be accomplished with a smaller variance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If No, explain: \_\_\_\_\_

13. Attach to this application any other material submissions required by the City (e.g. maps, site plan, etc.).

*The applicant hereby acknowledges the board of appeals and adjustments may not permit as a variance any use that is not permitted under the ordinance for property in the zone where the affected person's land is located. The board may permit as a variance the temporary use of a one family dwelling as a two family dwelling. The board may impose conditions in the granting of variances to insure compliance and to protect adjacent properties.*

*By signing this application form, I agree that all fees and expenses incurred by the City for the processing of this application, including costs for professional services, are the responsibility of the applicant and property owner to be paid immediately upon receipt or the City may approve a special assessment for which the property owner specifically agrees to be assessed for 100 percent per annum and waives any and all appeals under Minnesota Statutes Section 429.081 as amended. All fees and expenses are due whether the application is approved or denied.*

*I, the undersigned, hereby apply for the considerations described above and declare that the information and materials in support of this application are in compliance with adopted City policy and ordinance requirements are complete to the best of my knowledge.*

*I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes Section 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes Section 15.99, the City will notify the applicant within fifteen (15) business days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.*

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Owner Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

FOR OFFICE USE ONLY: ROUTE TO ZONING OFFICIAL			
Date Submitted _____	Date Complete _____		
Date Property Owners within 350 feet notified: _____			
Planning Commission Recommendation (Circle One):	Approval	Denial	Date of Action _____
<i>Date Applicant/Property Owner notified of Planning Commission Recommendation:</i> _____			
City Council Action (Circle One):	Approval	Denial	Date of Action _____
<i>Date Applicant/Property Owner notified of City Council Action:</i> _____			
<i>Date Applicant/Property Owner executed Required Performance Agreement:</i> _____			
<b>Date filed with Sibley County Recorder's Office:</b> _____			