

Traverse County
 Land Management Ofc.
 304 4th Street North
 Wheaton, MN 56296
 320-563-8218 ext. 3

TRAVERSE COUNTY VARIANCE APPLICATION

| | |
|----------------|-------|
| Application #: | |
| Parcel #: | |
| Date Received: | |
| Fee Paid: \$ | Date: |

Revised 5/22/2013

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|---|----------------|--|--------------------------|---------|-----------|
| Owner's Name: | | Authorized Agent (if Applicable): (Statement of Authorization Required) | | | |
| Owners's Address (Street, City, State, Zip Code): | | | | | |
| Property Address (If Different): | | | | | |
| Day Phone: | Evening Phone: | Mobile Phone: | | | |
| Legal Description (Lot(s) and Block Numbers) | | | Township # | Range # | Section # |
| Township Name | | | Applicant Email Address: | | |
| Type of Variance Requested (Check All That Apply): ___ Structure Setback ___ Structure Height ___ Structure Area ___ Sewage System ___ Subdivision ___ Cluster ___ Other (explain below) | | | | | |
| Please attach a map and a site sketch. Attach any other plans, designs, or data as necessary. | | | | | |

By signing this application, I understand that I am responsible to ensure that all other applicable permits have been approved before the commencement of construction. I understand that this Variance does not give me the right to deviate from the ordinance for the management of shoreland areas in Traverse County. Also, I certify that the information above is true and accurate to the best of my knowledge.

Owner or Agent Signature _____ Date _____

This permit will expire one year from the date of approval unless otherwise noted through an extension by the County Official prior to expiration.

Traverse County Official: _____ Date Issued: _____

Date of Site Visit: _____

Approval by: ___ Traverse County Official _____ Date _____
 ___ Board of Adjustment _____ Date _____
 ___ Both _____ Date _____

Filing Acknowledgement: _____

Findings/Comments/Conditions:

(Shaded Areas - For Office Use Only)