| Application # | Date Application Rec'd | Fee Collected \$ 400 |
|--|--|---|
| | (for office use only) | 7 |
| | CORINNA TOWNS | |
| Name of Applicant: | Marilyn | Intharaphet |
| Property Address: | 10862 (| sulden Ave Now |
| Mailing Address (if different): | City: St. Cloud | State: MN Zip: 55358 State: MW Zip: 5630 |
| Phone (preferred): $326-26$ | 50-485Phone (secondary): | , |
| E-mail: | KUN11955 | Dyahoo.com |
| Applicant is: Ti | tle Holder of Property (if other | than applicant) |
| IB | me: Maril | yn a Phone Inthan |
| Contract Buyer Ad | dress: | |
| Option Holder | y, State, Zip: | |
| Agent | | |
| Other Plea | se specify: | |
| Property ID #: (12 digit # on tax 206-C) statement) | Lake Name (if applicable | |
| Legal Description: (attach if necessary) | 21-627 | |
| Signature of Legal Owner, authorizing (By signing the owner is certifying application.) | g application (required): that they have read and under | estood the instructions accompanying this |
| Signature of Applicant (if different the (By signing the applicant is certifying application.) | an owner): g that they have read and unde | rstood the instructions accompanying this |
| What type of variance are you requesting | (check as many as apply)? | |
| 1 per 40 Division | Road Setback | Building/Impervious Coverage |
| Lot Line Adjustment | Lake or River Setback | Height of Structure Bosellent Septic System Setback |
| Undersized Lot | Side or Rear Line Setback | Septic System Setback |
| Appeal of Staff Interpretation | Bluff Setback | Other |

Please read the variance application in its entirety before submitting the application. See the attached schedule of public hearings for relevant application deadlines. The full land use ordinance is available at the Town Hall and online at www.hometownplanning.com/corinna-township.html.

NOTE: Incomplete applications, as determined by the Zoning Administrator, will not be accepted or scheduled for a hearing. It is recommended that you work with the Zoning Administrator well before the application deadline to ensure that you have all required information so as to avoid delays in the hearing of your application.

Please complete all of the following questions to the best of your ability – if you are unsure how to answer a question, you may leave it blank:

| 1. What are | e you proposing for the property? State nature of request in detail: | a (4) |
|--------------------------------------|---|-------|
| 10 | Approve Basement Ceiling | heigh |
| | | |
| | | |
| | | |
| general pu | why you believe the granting of the variance request would be in harmony with the surposes and intent of the Corinna Township Land Use and/or Subdivision Ordinance at www.hometownplanning.com/corinna-township.html). | |
| Describe w Township township.h | 7 | |
| | N/A | |
| Describe w | why you feel that your proposal is a reasonable use of the property. | |
| 3 | re Ben's Pictures | |

| | 5. Describe what factors contributing to the need for a variance were not in your control. Address |
|-----|--|
| | factors such as the lot size or shape, topography location of existing buildings |
| | and wells, and any other factors you feel are relevant. |
| | Na |
| | |
| | |
| | |
| 6 | Describe the character of the area and why your project will not substantially change the character |
| | of the neighborhood or be a detriment to nearby properties. |
| | N / |
| | N/A |
| | |
| | |
| 7. | The state of the s |
| | ordinance, what options did you explore that would minimize the variance necessary and the |
| | did you determine these were not feasible alternatives? |
| | |
| | - NA |
| | |
| 8. | Discuss what impacts, if any, the requested variance may have on the environmental quality of |
| | the area. For any potential impacts, how do you intend to eliminate or minimize their effect? |
| | —————————————————————————————————————— |
| | N/a |
| | - 10/A |
| | |
| 9. | Flood Insurance Notice: If your variance request involves a request to construct a structure |
| | below the base flood level, you are negery notified that this will good in an in- |
| | and for mood histialice up to amounts as high as \$25 for \$100 of incurance commences |
| | construction below the base or regional flood level increases risks to life and property. |
| | *If you are requesting to construct a structure below the |
| | pase 1100d level, please initial here that you have read and |
| | understand the above notice: |
| 10. | Please include any other comments pertinent to this request. |
| | —————————————————————————————————————— |
| | |
| | see Wens pictures |

Beacon[™] Wright County, MN



Owner

Address

MARILYN & PHONE

1512 PRAIRIE HILL RD

SAINT CLOUD, MN 56301

INTHARAPHET

Overview



 Parcel ID
 206045000170
 Alternate
 n/a

 Sec/Twp/Rng
 12-121-027
 ID

Property 10862 GULDEN AVE Class 151 - 4C12 SEASONAL RESIDENTIAL

Address NW RECREATION

MAPLE LAKE **Acreage** 0.14 Acres (2201) TOWN OF CORINNA-0876

Brief Tax Description SECT-12 TWP-121 RANGE-027 INDIAN LAKE HEIGHTS LOT-017

(Note: Not to be used on legal documents)

Date created: 1/3/2024

District

Last Data Uploaded: 1/3/2024 11:01:06 AM

Developed by Schneider







