

Environmental Services  
 Planning & Zoning  
 Courthouse  
 601 Third Avenue  
 Two Harbors, MN 55616  
 (218)834-8327

## LAKE COUNTY VARIANCE APPLICATION

Permit # _____
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**PLEASE COMPLETE IN INK  
 INCLUDE FEES WITH APPLICATION**

**Application Fee to "Lake County Auditor": \$500 (After the Fact Application Fee: \$800)  
 Recording Fee to "Lake County Recorder": Contact the Lake County Record's Office at 218-834-8347.**

### INCOMPLETE APPLICATIONS WILL BE RETURNED!

A. GENERAL PROPERTY INFORMATION					
Property Owners name	Day Phone	Email address	Authorized Agent (if applicable)		
Complete Mailing Address	Property Address (if other than mailing)		Agent Address (if applicable)		
<b>**IF UNDEVELOPED, UNMARKED PROPERTY, PLEASE ATTACH DIRECTIONS TO SITE.**</b>					
B. PROPERTY DESCRIPTION					
Section	Township	Range	Township Name	Acreage	Parcel Code # <b>(REQUIRED)</b>
Quarter Section/Legal Description					
Lake/River Name	Access Road	Lot Dimensions Width _____ ft. Depth _____ ft.		Existing Land Use	
<b>Property Land Features: (Check all that apply)</b>					
<input type="checkbox"/> Non-shoreland		<input type="checkbox"/> North Shore Management Zone		<input type="checkbox"/> Wetland Present	
<input type="checkbox"/> Shoreland/Shoreland zone (within 1000' of lake or 300' of river)		<input type="checkbox"/> Lake Superior Erosion Hazard Area		<input type="checkbox"/> Bluff Present	
<input type="checkbox"/> Lake/River frontage: _____ feet of frontage					
C. PROJECT DATA (Attach additional information, if necessary)					
<b>Section of Lake County Ordinance which applies to this request:</b>					
_____					
<b>Description of Request:</b>					
<b>Justification of Request:</b>					
<b>Type of Variance requested:</b>					
<input type="checkbox"/> Lot Width <input type="checkbox"/> Lot Area <input type="checkbox"/> Road Setback <input type="checkbox"/> Sewage Disposal Setback <input type="checkbox"/> Side Yard Setback <input type="checkbox"/> Shoreline Setback <input type="checkbox"/> Rear Yard Setback <input type="checkbox"/> Other ( explain ) _____					

### D. SKETCH PLAN

The purpose of the sketch is to graphically illustrate the information included in your application. Please include the dimensions of **all** structures, present and proposed, wells, septic systems, and distances to property lines, roadways, lakes, rivers and streams. The following items **must** be included and listed in the boxes below:

Location of

- wetlands
- driveway
- access road (labeled)
- all other structures

Location of

- areas of vegetation removal and grading
- property lines (size and shape of parcel)
- well/septic system & expansion( yours and neighbors)
- well, septic & drain fields

Distance to

- road centerline
- shoreline or rear yard
- side property lines

Name of

- abutting property owners
- adjacent roads

**Application is incomplete without adequate sketch plan.**

**Please stake or clearly mark the location of the variance proposal on site.**

I certify that the separation distances on this sketch plan are to the best of my knowledge true and correct.

\_\_\_\_\_  
Owner or Agent name (print)

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

**E. SEWAGE DISPOSAL (Application will be returned if septic information is incomplete.)**

Check one:  New System  Existing System Septic Permit # \_\_\_\_\_  
 Connected to \_\_\_\_\_ Sanitary District  
 Not Applicable (This means there are **no** structures with **plumbing** on the property.)

Describe how this application, if approved, will effect sewage disposal: \_\_\_\_\_

**F. PROJECT PROPOSAL INFORMATION (Use supplemental sheets, if necessary.)**

TYPE OF STRUCTURE _____ Dimensions (including eaves): _____ ft x _____ ft. No. of Stories _____ Height _____ ft.	OTHER ACTIVITIES _____ _____ _____	OTHER ACTIVITIES _____ _____ _____
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**STRUCTURE SETBACK TO PROPERTY LINES**

Side setback (nearest) \_\_\_\_\_ ft.  
Side setback (farthest) \_\_\_\_\_ ft.  
Rear setback \_\_\_\_\_ ft.

**SHORELINE SETBACK:**

STRUCTURE DISTANCE FROM VEGETATION LINE\*: \_\_\_\_\_ ft.  
**FOR LAKE SUPERIOR SHORELINE, STRUCTURE DISTANCE IS \_\_\_\_\_ ft. FROM THE VEGETATION LINE & \_\_\_\_\_ ft. FROM THE WATERS EDGE.**

**COMPLETE IF YOUR DRIVEWAY IS OFF A PUBLIC ROAD:**

1) WIDTH OF RIGHT OF WAY FROM CENTERLINE: = \_\_\_\_\_ ft. (RIGHT-OF-WAY Information for County, State, or Township Roads may be obtained by contacting your proper road authority (Lake County Hwy at 834-8578, MN DOT at 834-4442, or the applicable township clerk.)

**AND**

2) STRUCTURE MEASUREMENT FROM THE RIGHT-OF-WAY DISTANCE YOU HAVE STATED ABOVE IS: = \_\_\_\_\_ ft.

**COMPLETE IF YOUR DRIVEWAY IS OFF A PRIVATE ROAD:**

1) STRUCTURE DISTANCE FROM THE CENTER OF THE ROAD: \_\_\_\_\_ ft.

**ALL DECISIONS WILL BE FILED AGAINST YOUR DEED.  
A LAND USE PERMIT WILL ALSO BE REQUIRED PRIOR TO START OF PROJECT.**

I hereby certify that I am the owner of the described property and the information provided herewith is correct and representative of the existing conditions on the property. I understand this request will result in public notification process and hearing conducted in accordance with Minnesota Statutes.

I consent to site visits by County representatives prior to the hearing and understand that a land use permit must be issued prior to any activities taking place on the property.

I understand further that falsifications of this application or any attachments thereto will serve to make this application and any subsequent permit invalid.

**I understand that this process requires that my agent or I must be present at the public hearing to explain my proposal and answer any questions. Without that presence, the application will be denied.**

**I understand that unless otherwise stated in the decision, any order or decision of the Board for a variance shall expire if the appropriate permit shall not have been obtained by the applicant within three (3) months from the date of the decision.**

OWNER OR AGENT NAME (PRINT) \_\_\_\_\_ SIGNATURE OF OWNER OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_

*The property owner's signature is required below if an Authorized Agent is to act on their behalf, giving permission to the agent to modify and make changes to this application. The Authorized Agent's signature is also required.*

Owner (print) \_\_\_\_\_ Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Authorized Agent (print) \_\_\_\_\_ Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

**G. OFFICE USE ONLY**

Permit #: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Zone District: \_\_\_\_\_ Received by: \_\_\_\_\_  
Date, Time & Place of Hearing: \_\_\_\_\_

REMARKS:

