

THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY

THE ABOVE SPACE IS RESERVED FOR THE COUNTY RECORDER

APPLICATION FOR VARIANCE

COUNTY OF OTTER TAIL
GOVERNMENT SERVICES CENTER
540 WEST FIR, FERGUS FALLS, MN 56537
(218) 998-8095
Otter Tail County's Website: www.co.ottertail.mn.us

Application Fee _____

Receipt Number _____

Accepted By / Date _____

COMPLETE THIS APPLICATION IN BLACK INK

PROPERTY OWNER _____ DAYTIME PHONE _____

MAILING ADDRESS _____

LAKE NUMBER _____ LAKE NAME _____ LAKE CLASS _____

SECTION _____ TOWNSHIP _____ RANGE _____ TOWNSHIP NAME _____

PARCEL NUMBER _____ E-911 ADDRESS _____

LEGAL DESCRIPTION _____

TYPE OF VARIANCE REQUESTED (Please Check)

Structure Setback _____ Structure Size _____ Sewage System _____ Subdivision _____ Cluster _____ Misc. _____

SPECIFY HOW YOUR PROJECT VARIES FROM ORDINANCE REQUIREMENTS. PLEASE BE BRIEF AS THIS WILL BE USED FOR PUBLIC NOTIFICATION.

I UNDERSTAND THAT I HAVE APPLIED FOR A VARIANCE FROM THE REQUIREMENTS OF THE SHORELAND MANAGEMENT ORDINANCE/SUBDIVISION CONTROLS ORDINANCE OF OTTER TAIL COUNTY.

I ALSO UNDERSTAND THAT OTHER PERMITS MAY BE REQUIRED, IT IS MY RESPONSIBILITY TO CONTACT LAND & RESOURCE MANAGEMENT REGARDING THIS MATTER.

SIGNATURE OF PROPERTY OWNER / AGENT FOR OWNER

DATE

APPLICANT MUST BE PRESENT AT THE HEARING

(Applicant Will Receive Notification As To The Date/Time Of Hearing)



Date Of Hearing _____ Time _____



Motion

Chairman/Otter Tail County Board of Adjustment



Permit(s) required from Land & Resource Management

_____ **Yes (Contact Land & Resource Management)**

_____ **No**

Copy of Application Mailed to Applicant, Co. Assessor and the MN DNR _____

L R Official/Date

