

# CITY OF LEWISTON

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Lewiston City Hall  
75 Rice Street • P.O. Box 129 • Lewiston, MN 55952  
Phone (507) 523-2257 • Fax (507) 322-4018

## APPLICATION FOR VARIANCE CITY OF LEWISTON 507-523-2257

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

**(NEED NAME AND ADDRESS OF ALL OWNERS INCLUDING CONTRACT FOR DEED SELLER, EXERCISED OPTION HOLDERS, ETC.)**

**ADDRESS OF PROPERTY IN QUESTION**

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

**EXACT LEGAL DESCRIPTION OF PROPERTY IN QUESTION** \_\_\_\_\_

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

(NEED EXACT LEGAL DESCRIPTION FOR RECORDING, IF GRANTED, FROM ABSTRACT OR ACTUAL RECORDED DEED)

**PROVISION OF ORDINANCE FROM WHICH A VARIANCE IS REQUESTED** \_\_\_\_\_

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

(I.E. LEWISTON CODE § 907.06, 3 (a) SET BACK FROM SIDE YARD. STATE THE ORIGINAL REQUIREMENT AND THE AMOUNT OR TYPE OF VARIANCE REQUESTED)

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## REASONS FOR CLAIMING HARDSHIP AND NEED FOR VARIANCE \_\_\_\_\_

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(LIST THE PECULIAR CONDITION OF THE PROPERTY THAT REQUIRES THE VARIANCE, SUCH AS IRREGULAR SHAPE OF THE LOT, LACK CHANGE OF STREET SINCE PURCHASED, ETC.)

## CHECKLIST OF THINGS ATTACHED

- \_\_\_\_\_ PRELIMINARY DRAWING OF LOT AND PROPOSED USE AND ANY PRELIMINARY PLANS FOR CONSTRUCTION OF IMPROVEMENTS (ATTACH IN QUADRUPLICATE)
- \_\_\_\_\_ SURVEY MAP OF BOUNDARIES (IF REQUIRED) (ATTACH IN QUADRUPLICATE)
- \_\_\_\_\_ CONSENT LETTERS FROM ADJOINING OWNERS, IF ANY (ATTACH IN QUADRUPLICATE)
- \_\_\_\_\_ APPLICATION FEE: CHECK PAYABLE TO THE "CITY OF LEWISTON". THE NON-REFUNDABLE APPLICATION AND SITE INVESTIGATION FOR A VARIANCE IS \$\_\_\_\_\_.

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL NOT COMMENCE TIME DEADLINES. ANY ADDITIONAL EXPERT REVIEW BY AN ENGINEER OR SURVEYOR THAT MAY BE REQUIRED BY PERSONS OTHER THAN CITY STAFF MAY BE CHARGED TO THE APPLICANT UPON DUE NOTICE BY CITY OF NEED FOR SUCH REVIEW**

**NOTE: APPLICANT MUST APPEAR AT ANY PUBLIC HEARING, PLANNING COMMISSION, OR COUNCIL MEETING.**

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## SIGNATURE OF OWNER OR DESIGNATED AGENT FOR ALL OWNERS

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

