



# ZONING VARIANCE APPLICATION

To Board of Zoning Appeals  
Dept. of Safety & Inspections  
Zoning Section  
375 Jackson St., Suite 220  
Saint Paul, MN 55101-1806  
(651) 266-9008

To Planning Commission  
Dept. of Planning & Econ. Dev.  
Zoning Section  
1400 City Hall Annex, 25 W 4<sup>th</sup> St.  
Saint Paul, MN 55102-1634  
(651) 266-6583

Zoning Office Use Only	
File #	_____
Fee Paid \$	_____
Received By / Date	_____
Tentative Hearing Date	_____

## APPLICANT

Name	_____						
	<i>(must have ownership or leasehold interest in the property, contingent included)</i>						
Address	_____	City	_____	State	_____	Zip	_____
Email	_____	Phone	_____				
Name of Owner (if different)	_____	Email	_____				
Contact Person (if different)	_____	Email	_____				
Address	_____	City	_____	State	_____	Zip	_____

## PROPERTY INFO

Address / Location	_____			
PIN(s) & Legal Description	_____			
	<i>(attach additional sheet if necessary)</i>			
	Lot Area	_____	Current Zoning	_____

<b>VARIANCE REQUEST:</b> Application is hereby made to the Board of Zoning Appeals (or to the Planning Commission with another zoning application) for variance from the following section(s) of the Zoning Code _____
_____. State the requirement and variance requested. _____
_____
_____

<b>SUPPORTING INFORMATION:</b> Explain or demonstrate the following. Attach additional sheets if necessary.
1. Practical difficulties in complying with the provision of the code from which a variance is requested, and that the property would be used in a reasonable manner not permitted by the provision.
2. The plight of the landowner is due to circumstances unique to the property not created by the landowner.
3. The variance will not permit any use that is not allowed in the zoning district in which the property is located.
4. The variance will not alter the essential character of the surrounding area.
<input type="checkbox"/> Required site plan is attached
<input type="checkbox"/> If you are a religious institution you may have certain rights under RLUIPA. Please check this box if you identify as a religious institution.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_