



Please mail or drop off the following form at the address below, when completed:

CITY OF DICKINSON
ATTN: VARIANCE APPLICATION
99 2ND STREET EAST
DICKINSON, ND 58601

If you have any questions regarding the submission of this application, please feel free to contact Calli Stellmacher at (701) 456-7802 or calli.stellmacher@dickinsongov.com.

CHECKLIST: APPLICATIONS FOR VARIANCE

- Purpose statement including an explanation and justification for approving the amendment:
 - ✓ Address the practical difficulties or unnecessary hardships, as distinguished from convenience, profit, or caprice, which would result from the strict application and the relevant regulations;
 - ✓ Describe how the hardship is not shared generally by other properties in the same zoning district and in the same vicinity;
 - ✓ Describe the variance or modification of regulations requested;
 - ✓ Explain how granting the requested relief will observe the spirit and intent of the City of Dickinson Municipal Code, and will maintain the public safety and welfare; and
 - ✓ State why the granting of this variance would not negatively impact adjoining landowners.

- Site plan, drawn to scale with north oriented to the top of the page, showing:
 - ✓ Overall lot dimensions;
 - ✓ Location and dimensions of all buildings and structures found on-site;
 - ✓ Location and dimension of proposed construction; and
 - ✓ Location and dimension of the variance requested.

- Copies of any order, requirement, decision, or determination made by an administrative official of the City of Dickinson that is relevant to this request.



CITY OF DICKINSON
99 2ND STREET EAST • DICKINSON, ND 58601
PHONE: 701-456-7744 • FAX: 701-456-7723
www.dickinsongov.com

VARIANCE PERMIT APPLICATION

Property Information

Property location: _____

Zoning District: _____ Adjacent zoning: N _____ E _____ S _____ W _____

Existing use: _____

Adjacent use: N _____ E _____

S _____ W _____

General Description of Request:

Describe how the hardship is not shared generally by other properties in the same zoning district and in the same vicinity:

Zoning Code Sections Relevant to this Request:

Have any previous applications or appeals been filed in connection with this property?

No Yes Date: _____

Property Owner

Property Owner Name _____

Address _____
Street City State Zip

Phone # _____ Email _____

Property Owner Signature _____

Applicant Information

Applicant Name _____

Address _____
Street City State Zip

Phone # _____ Email _____

Applicant Signature _____

*Note: If applicant is not the owner of the premises, the owner's signature or separate written permission authorizing Applicant to sign on behalf of the owner, must be affixed to this application. The signature of the applicant and owner (or written permission of the owner) certifies that permission is granted by the owner to all authorized City personnel to enter the premises for the purpose of review of this application.

Office Use OnlyDate of BOA Meeting: _____ Required Fee: **\$100.00**Paid by: Cash Credit/Debit Check # _____ Receipt # _____