



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

CITY OF DICKINSON  
ATTN: VARIANCE APPLICATION  
99 2<sup>ND</sup> STREET EAST  
DICKINSON, ND 58601

If you have any questions regarding the submission of this application, please feel free to contact Brandy Goetz at (701) 456-7815 or [brandy.goetz@dickinsongov.com](mailto:brandy.goetz@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](http://www.dickinsongov.com)

## VARIANCE PERMIT APPLICATION

**NOTE:** Before submitting your application please call to schedule a meeting with the Building Official Leonard Schwindt (701)-456-7815, to discuss your application.

### Applicant Information

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Applicant Signature \_\_\_\_\_

### Property Owner

Property Owner Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Property Owner 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.

**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: \_\_\_\_\_

**Office Use Only**

Date of BOA Meeting: \_\_\_\_\_ Required Fee: **\$100.00**

Paid by:  Cash  Credit/Debit  Check # \_\_\_\_\_ Receipt # \_\_\_\_\_