



City of Dickinson

99 2nd Street East • Dickinson, ND 58601

Phone 701-456-7815, 701-456-7000

www.dickinsongov.com

Application for Variance

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.

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.

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.

APPLICATION FOR VARIANCE

Property Owner Name _____

Phone Number _____ Email _____

Address _____
Street City State Zip

Property Owner Signature _____ Date _____

(All Applications must be signed by the property owner or the application will not be processed)

Applicant Name _____

Contact Name _____

Phone Number _____ Email _____

Address _____
Street City State Zip

Applicant/Permittee Signature _____ Date _____

*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: purpose statement attached Site Plan attached

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

Proposed Request to be filled out by Building Department:

Date of BOA Meeting: _____ Required Fee: \$150.00

Paid by: Cash Credit/Debit Check # _____ Receipt # _____