

Traverse County  
 Land Management Ofc.  
 1700 3rd Ave. S. Rm 205  
 Wheaton, MN 56296

# TRAVERSE COUNTY VARIANCE APPLICATION

Application #:	
Parcel #:	
Date Received:	
Fee Paid: \$	Date:

Revised 8/15/08

Owner's Name:		Authorized Agent (If Applicable): <b>(Statement of Authorization Required)</b>						
Owners's Address (Street, City, State, Zip Code):								
Property Address (If Different):								
Day Phone:		Evening Phone:			Mobile Phone:			
Legal Description (Lot(s) and Block Numbers)				Section	Township	Range	Qtr./Qtr.	Govt. Lot #
Township Name			Applicant Email Address:					
<b>Type of Variance Requested (Check All That Apply):</b> ___ Structure Setback     ___ Structure Height ___ Structure Area     ___ Sewage System     ___ Subdivision     ___ Cluster     ___ Other (explain below) _____ _____								
<b>Please attach a map and a site sketch. Attach any other plans, designs, or data as necessary.</b>								

By signing this application, I understand that I am responsible to ensure that all other applicable permits have been approved before the commencement of construction. I understand that this Variance does not give me the right to deviate from the ordinance for the management of shoreland areas in Traverse County. Also, I certify that the information above is true and accurate to the best of my knowledge.

Owner or Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

This permit will expire one year from the date of approval unless otherwise noted through an extension by the County Official prior to expiration.

Traverse County Official: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Approval by: \_\_\_ Traverse County Official \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_ Board of Adjustment \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_ Both \_\_\_\_\_ Date \_\_\_\_\_

Filing Acknowledgement: \_\_\_\_\_

Findings/Comments/Conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Shaded Areas - For Office Use Only)