



## Application for Variance

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Parcel ID#: \_\_\_\_\_ ([Click here to find your parcel ID#](#)) or contact County Assessor at 507-765-3868

Current Zoning: \_\_\_\_\_ ([Click here to find your current Zoning](#))

**Describe the proposal and state the provision on of the Zoning Ordinance from which you seek a Variance.**

City Ordinance Reference Number: \_\_\_\_\_ (City Ordinances can be viewed on the city website at <https://www.springvalley-mn.com/government>)

Variance Requested: \_\_\_\_\_

**Explain how/why the special circumstance was not created by your own actions. Offer justification that granting the proposed variance would not alter the essential character of the neighborhood.**

\_\_\_\_\_  
\_\_\_\_\_

**Please included details of the requested variance, location and measurements. Feel free to attach supplemental information. (drawings, statements, descriptions, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

**Include with application:**

- Certified Survey of property
- Proof of Ownership
- List of ALL property owners affected
- \$250 Application Fee

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date Submitted**

\_\_\_\_\_  
**Signature**

**Return to: City Hall, Attn: Planning and Zoning, or email to [deputyclerk@springvalley-mn.com](mailto:deputyclerk@springvalley-mn.com)**