

# Lynden Township Variance Application

**IMPORTANT: A complete site plan sketch listing all applicable distances, setbacks, and other necessary measurements must be submitted with this application (on a separate sheet).**

James Kantor, Planning Commission Administrator (320) 281-9339; Brian Nickolauson, Chair (320) 223-1020  
AllSpec Services, Lynden Township Building Inspector Nancy Scott (320) 293-5298

Application Fee: \$750.00

File No. \_\_\_\_\_

Applicant _____	Day Phone _____	Cell Phone _____
Property Owner _____	Day Phone _____	Cell Phone _____
Mailing Address (Applicant) _____		
Mailing Address (Property Owner) _____		
Parcel I.D. Number _____	Zoning District _____	
Legal Description _____		

Applicant requests variance from Section(s) \_\_\_\_\_ of Stearns  
County/Lynden Township \_\_\_\_\_ Ordinance(s) No(s) \_\_\_\_\_

The intended use that does not comply with the ordinance(s) is as follows: \_\_\_\_\_

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

The grounds for requesting the variance are as follows: (Explain why the strict enforcement of the ordinance(s) will cause practical difficulties or the strict conformity of the standards are unreasonable, impractical, or not feasible under the circumstances.) \_\_\_\_\_

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

I hereby swear and affirm that the information supplied to Lynden Township is accurate and true. I acknowledge that this application is rendered invalid and void should the Township determine that information supplied by me, the applicant and/or property owner, in applying for this variance, is inaccurate or untrue.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR TOWNSHIP USE ONLY</b>		
Variance Granted Variance Denied	_____ Authorized Signature	_____ Date