



Variance Application

Application Fee \$750
Escrow \$500

Lynden Township, Stearns County, Minnesota
21367 County Road 44, Clearwater, MN 55320
320-281-9339 | www.lyndentownship.net | planning@lyndentownship.net

To start the variance application process, please follow these steps:

- 1) Contact James with Lynden Township (320-281-9339) to discuss your need for a variance.
- 2) Fill out the Variance Application (this application) and schedule a site visit and meeting with the Township Planning Commission for a recommendation to the Lynden Township Board of Supervisors.
- 3) Meet with the Lynden Township Board during a public hearing.

Attach a complete site sketch and/or survey and plans and legal description (full description of Metes & Bounds if necessary) to this application.

Property Information

Street Address: _____

Property Identification Number (PID#): _____

Zoning District: _____ Acreage: _____

Applicant Information

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____

Telephone: _____ Cell Phone: _____ Work: _____

Email: _____

Property Owner Information (If other than applicant):

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____

Telephone: _____ Cell Phone: _____ Work: _____

Email: _____

Variance Request Information:

Applicant requests a variance from Section(s): _____ of Stearns County / Lynden

Township Ordinance(s) Number(s): _____

State exactly what is intended to be done on or with the property & why it doesn't conform to current Ordinances. Have alternatives been pursued? Why aren't they feasible? _____

What reasonable use of your property is lost (practical difficulty) by the strict enforcement of the related Ordinance?: _____

Demonstrate how you attempted to minimize the degree of deviation necessary from the standard you are requesting a variance from and what alternatives exist.: _____

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials submitted in support of this application are in compliance with adopted Lynden Township policy and ordinance requirements and are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established Lynden Township review procedures and Minnesota Statutes 462 at such time as it is determined to be complete. Pursuant to Minnesota Statutes 462, the Township will notify the applicant within fifteen (15) days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by Lynden Township may be cause for denying this application.

Signature of this application authorizes Lynden Township employees or agents to enter upon the property to perform needed inspections or review. Entry may be without prior notice.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Signature of Property Owner: _____ Date: _____

APPLICATION FEES AND EXPENSES: We the applicant and undersigned property owner agree to provide Lynden Township, in cash or certified check, for deposit in an escrow fund, the amount of \$_____ as partial payment for all fees and estimated future township administrative, planning, legal and engineering fees incurred in processing this request. If the escrow amount is depleted, I agree to furnish additional monies as requested by the within 10 days of such request. I understand that any amounts not utilized from this escrow fund shall be returned to me, without interest, when all financial obligations to Lynden Township have been satisfied. **All fees and expenses are due whether the application is approved or denied. Base fees are nonrefundable.**

I understand and agree that all township-incurred professional fees and expenses associated with the processing of this request and enforcing the terms of this agreement including, but not limited to, attorney's fees are my responsibility as the property owner and will be promptly paid by myself upon billing by Lynden Township in the event the escrow fund is depleted. I further understand and agree that as the property owner I must make said payment within 10 days of the date of the invoice. Bills not paid within the 10 days of request for payment by Lynden Township shall accrue interest at the rate of 6% per year. Further, if I fail to pay said amounts when due, then Lynden Township may certify such costs against any property owned by me within the Lynden Township limits for collection with the real estate taxes and/or take necessary legal action to recover such costs and I agree that Lynden Township shall be entitled to attorney's fees and other costs incurred by Lynden Township as a result of such legal action. I knowingly and voluntarily waive all rights to appeal said certification of such expenses against my property under any applicable Minnesota Statutes.

Applicant: _____ Date: _____

Property Owner: _____ Date: _____

*****FOR OFFICE USE ONLY***

Date Application Received: _____ Received By: _____

Date Application Complete: _____ Check #: _____
(60-day review period starts from this date)

60-Day Review Period Ends: _____ 60-Day Extension: Yes No Expires On: _____

Planning Commission Review: RECOMMENDED or DENIED Date: _____

Attach Planning Commission conditions / comments.

Township Board Review: RECOMMENDED or DENIED Date: _____

Attach conditions / comments.

Township Signature: _____