

CITY OF PAYNESVILLE ~ LOT SPLIT APPLICATION

221 Washburne Ave. ~ Paynesville, MN 56362
 Phone: 320-243-3714 ~ Fax: 320-243-3713

Property Address: _____

List All Property Owners: _____

Contact Person: _____ Email Address: _____

Mailing Address: _____

Telephone No.: _____ Parcel No.: _____

Legal Description: Lot: _____ Block: _____ Addition: _____

REASONS SUPPORTING THE PROPOSED LOT SPLIT?

DESCRIPTION OF REQUEST: (use separate sheet if needed)

DRAWING OF PROPOSED VARIANCE: (use separate sheet)

Application Must Include:

- A site plan showing existing lot lines and dimensions as well as lot area, all easements, all public streets, and private right of ways bordering and adjacent to the site, the use and location of all adjacent property.
- The specific feature or features of the proposed use, construction, or development that requires a variance.
- Specific provisions of Ordinance from which a variance is sought and the precise variance there from being sought.
- Statement of characteristics of the property that prevent compliance with the provisions of the Ordinance.
- Legal description from abstract.
- Any written or graphic data required by the City Administrator.

Permit Fees (non-refundable)	
Administrative Review	\$100.00
Or Public Hearing	\$500.00
Zoning District _____	
Existing Use of Property _____	
Property Dimensions _____	
Property Area _____	
Building Area _____	
Lot Coverage _____	
Front Setback _____	
Rear Setback _____	
Side Setback _____	
Side Setback _____	
Structure Height _____	
Will The Proposed Split Make Any Existing Structures Non-Conforming?	

 All Property Owners Must Sign This Application

 Date

For office use only:

Application Fee: \$100.00 or \$500.00 (non-refundable)

For office use only: Cash _____

Present To Planning Board Date: _____

Council Public Hearing Date: _____

PLANNING BOARD ACTION:

Recommended to Council Approved

CITY COUNCIL ACTION:

Approved

Check No. _____

Council Set Public Hearing Date: _____

Council Makes Determination Date: _____

Denied

Denied

Date Received In Office: _____

Date Paid _____

Date: _____

Date: _____