

# City of Circle Pines Variance Application

Application Fee: \$300 + \$1,500 Deposit

Address of Proposed Variance: \_\_\_\_\_ PIN Number \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Please give a description of your particular unique circumstance:

Please indicate the justification that demonstrates the need for the requested variance that is consistent with the findings required by State Law and City Code:

Please indicate how the zoning ordinance currently limits your use of the property.

Applicant Signature \_\_\_\_\_

\_\_\_\_\_ Date

Please enclose with this application 10 copies:

Certificate of Survey \_\_\_\_\_

Site Plan (1"=50') \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt Initials: \_\_\_\_\_

*Office Use:*

Publication Date: \_\_\_\_\_

Notices to Affected Property Owners: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Planning Commission  
Public Hearing Meeting \_\_\_\_\_

Council Meeting: \_\_\_\_\_