

**ARNA TOWNSHIP
APPLICATION FOR AN APPEAL OR VARIANCE**

NAME: _____ DATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ (include area code)

EMAIL: _____ (optional)

TYPE OF APPEAL: ___ For a Variance from a zoning regulation
 ___ To appeal an improper decision by the Zoning Administrator or
 Planning Commission

TOPIC OF APPEAL: ___ SITE DEVELOPMENT PERMIT
 ___ SEWAGE TREATMENT SYSTEM PERMIT
 ___ SUBDIVISION PERMIT
 ___ NUISANCE/HAZARD HEARING
 ___ CONDITIONAL USE OR INTERIM USE PERMIT
 ___ OTHER (Please elaborate)

Legal description of the property, or Property I.D. number (from tax statement):

Briefly describe the details and reasons why you should be granted an appeal (**use an attached sheet if necessary**). For a variance, cite the problematic zoning ordinance regulation and why that is a practical difficulty. For an appeal, state your legal reasons why you think the adverse decision should be reversed. Please attach any maps, plans, or other information that may assist in the evaluation of this application.

You will be notified in writing of the time, date, and place of a public hearing held by the Arna Town Board, in order to consider this application. You or a representative should be present to explain the details of your case. Attendance is helpful but not required.

SIGNATURE OF LANDOWNER(S)

Fee: \$105.00 for an appeal, to accompany this application

Fee: \$150.00 for a variance, to accompany this application

Make checks payable to: Arna Township

Return to:	Zoning Administrator	(or)	Arna Town Clerk
	47196 Witt Lane		49910 First Ave
	Markville, MN 55072		Markville, MN 55072
Phone:	320-242-3236		320-242-3409

A copy of our ordinance is available at: www.arna.gov