

Application for Variance
City of Vergas -County of Ottertail
111 E Main Street -PO Box 32
Vergas MN 56587
218-342-2091

Application Fee \$400 -
Receipt Number 149556
Accepted By/Date RR 7-13-23

Applicant's Name ARLEN FRANCHUK Telephone Home: _____ Cell: 701-238-0650
Address: 311 PARK VIEW Drive, Vergas MN 56587
Property Owner's Name ARLEN FRANCHUK Telephone Home: _____ Cell: 701-238-0650
Location of Project: 311 PARK VIEW Drive Parcel # _____

Legal Description:

Section 24 Township 137 Range 041 Lake Number: _____ Lake Name _____ Lake Class _____

Description of Proposed Project: Shed NEAR property line

Specify the section of the ordinance from which a variance is sought:

Explain how you wish to vary from the applicable provisions of the ordinance: Leave shed in place-permit

Please attach a site plan or accurate survey as may be required by ordinance.

Please answer the following questions as they relate to your specific variance request:

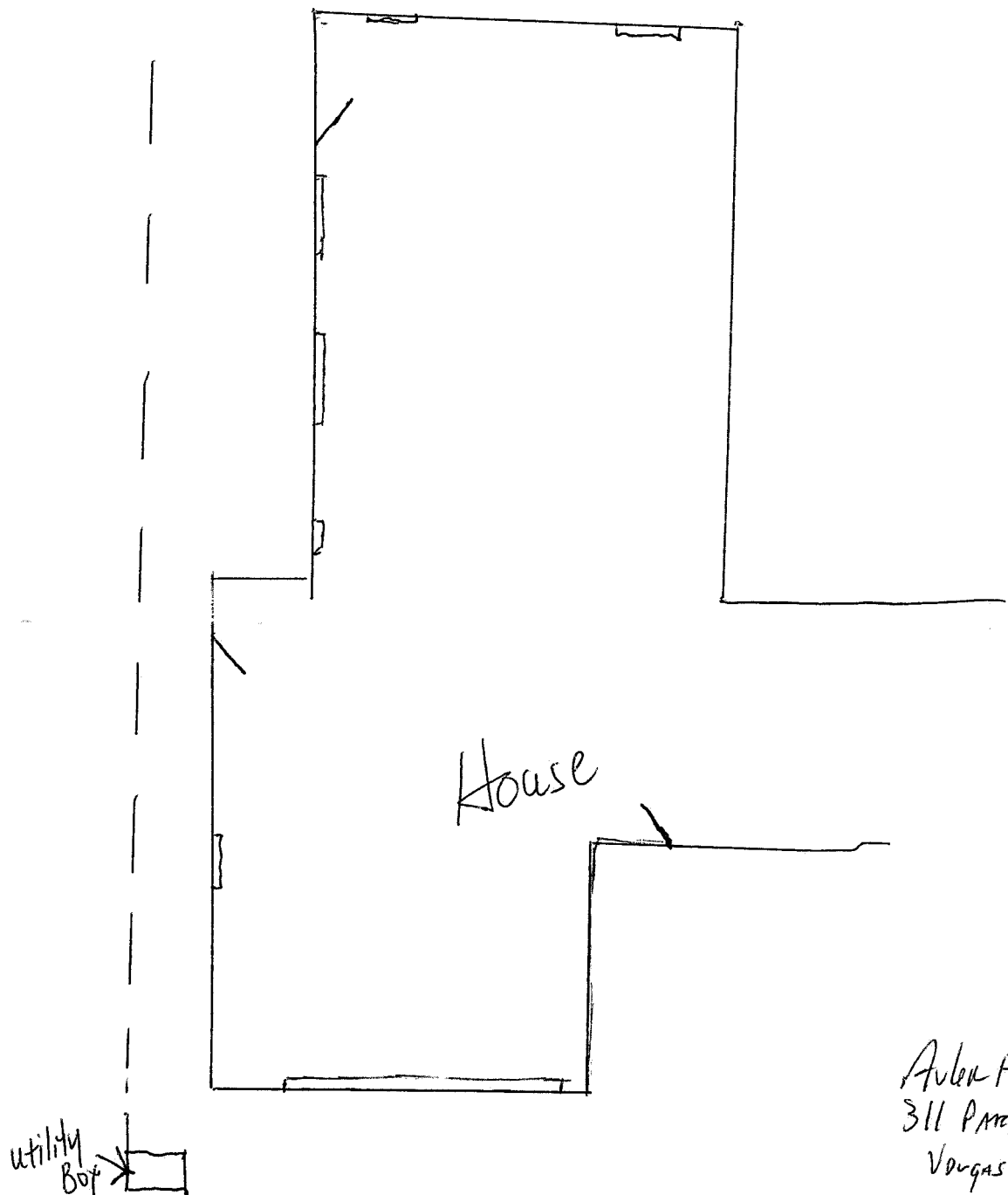
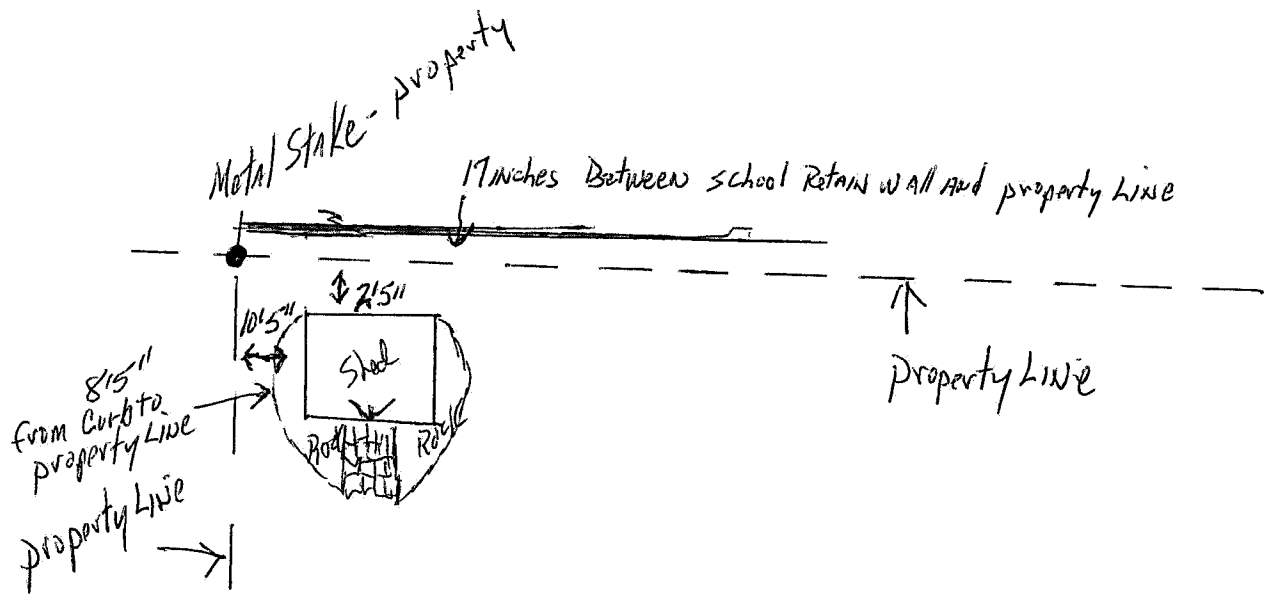
1. In your opinion, is the variance in harmony with the purpose and intent of the ordinance? Yes () No (X) Why or why not?
So called To close to adjoining property
2. In your opinion, is the variance consistent with the comprehensive plan? Yes (X) No () Why or why not?
Shed have not hindered ANY activity or caused ANY problems
3. In your opinion, does the proposal put property to use in a reasonable manner? Yes (X) No () Why or why not?
4. In your opinion, are the unique circumstances to the property not created by the landowner? Yes (X) No (X) Why or why not?
Sewer system in BACKYARD - unaware - Will move when a problem arises
5. In your opinion, will the variance, if granted, alter the essential character of the locality? Yes () No () Why or why not?

The Planning Commission must make an affirmative finding on all the five criteria listed above in order to grant a variance. The applicant for a variance has the burden of proof to show that all of the criteria listed above have been satisfied.

The undersigned certifies that they are familiar with application fees and other associated costs, and also with the procedural requirements of the City Code and other applicable ordinances.

Applicant's Signature: Arle Franchuk

Date: 6-26-23



Aulen Franchuk
311 Park View Dr
Vougas MO 64587