



108 Main Street, PO Box 65  
Harwood, ND 58042  
701-281-0314 (office)  
auditor@cityofharwood.com

## Variance Permit

### Applicant's Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address City/State/Zip \_\_\_\_\_

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

*Note: If you are not the owner of the property, you must attach a letter from the owner giving you permission to submit this application.*

### Property Owner's Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address City/State/ Zip \_\_\_\_\_

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

### Property Information

Site Address \_\_\_\_\_

Legal Description (from deed): Lot(s) \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
(Property must be legally subdivided or be lot of record)

Survey's Name(s) \_\_\_\_\_

Abstract No(s) \_\_\_\_\_ Tract(s) \_\_\_\_\_

Total Acreage & Square Feet \_\_\_\_\_ Front Yard Width (feet) \_\_\_\_\_

Rear Yard Width (feet) \_\_\_\_\_ Side Yard Width (feet) \_\_\_\_\_

**Description Project** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Detail Explanation of Variance Request

Please write on a separate piece of paper if necessary

Please state the specific variance request(s)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is your variance request consistent with the general purpose and intent of the zoning code?

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Is your variance request necessary because of exceptional narrowness, shallowness, or shape of the property?

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Is your variance necessary because of exceptional topographical conditions or other extraordinary or exceptional situation or condition of the property?

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Will the granting of the variance create substantial detriment to the public good?

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Will your variance impair an adequate supply of light and air to adjacent property?

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Will your variance increase the traffic congestion on public streets?

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Will your variance increase the public danger of fires and safety?

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Will your variance diminish or impair established property values within the surrounding area?

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**Applicant Authorization**

I authorize the City of Harwood to conduct any site visits necessary to evaluate this variance application.

I hereby state that I have prepared this application and that, to the best of my knowledge, the information contained here is complete, accurate, and true representation of the variance request. I further attest that I have the authority to submit this application and agree to comply with all conditions of variance approval. I agree to provide any additional information requested by the City as it is necessary for the processing of this application.

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Applicant/Owner Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**OFFICE ONLY**

Application Accepted for Review Date: \_\_\_\_\_ By: \_\_\_\_\_

Contact Date for Supplemental Info: \_\_\_\_\_ Supplemental Info Received \_\_\_\_\_

Completeness Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

City Auditor Signature

Date

\_\_\_\_\_

\_\_\_\_\_

