



## CITY OF FREEPORT

125 Main Street E – PO Box 301 – Freeport, MN 56331 – 320-836-2112 – FAX 320-836-2116  
For TTY/TDD Users 1-800-627-3529 or 711 Minnesota Relay Service [www.freeportmn.org](http://www.freeportmn.org)

### Variance Request Form (\$150.00)

FOR OFFICE USE ONLY		
DATE FEE PAID _____		
DATE REQUEST SUBMITTED _____		
DATE OF HEARING _____ <i>**Location is City Hall at 7pm unless otherwise noted</i>		
COUNCIL ACTION	APPROVED	DENIED

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Owner (if different from above) \_\_\_\_\_ Phone \_\_\_\_\_

Address of Property \_\_\_\_\_

Mailing Address \_\_\_\_\_

Present Zoning (verify with city staff) \_\_\_\_\_

Proposed Zoning \_\_\_\_\_

Existing Use of the Property \_\_\_\_\_

Describe the Reason for this Request \_\_\_\_\_

Have you previously been denied for rezoning, a variance, or a conditional use permit      Yes      No

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