

Board of Adjustment

Note: Before submitting your application please call 701-456-7815 to speak with the

Building Official Leonard Schwindt to discuss your application.

Who is the applicant * Property Owner **Authorized Personnel** Property Owner * First Name Property Owner's Phone Number * (000) 000-0000 201-225-6960 Please enter a valid phone number. Property Owner's Email * Pottorffa ND Super Nat. Com example@example.com Property Owner's Address* 110 T 3259 400 SAVE SW

Street Address

Board of Adjustifierit
Street Address Line 2
Dickinson NDak
City State / Province
58601
Postal / Zip Code
Applicant Information
All applications must be signed by the property owner or the application will not be processed.
Applicant Name *
(Nall
First Name Last Name
Applicant's Phone Number *
(000) 000-0000 701-225-6960 Land Line
Please enter a valid phone number. 1 590 1447 C-e//
Applicant's Email
Applicant's Email Super Net. Co example@example.com
example@example.com
Applicant's Address *
3259 110 SAVA SW
Street Address

Zoning	District *	, , , , , , , , , , , , , , , , , , , ,			
Existing	g Use *				
Zoning/	Use				
	Adjacent Zoning Adjacent Use				
North					
South			£-		
East					
West					
General	Description of Request *				
Type he	re Add hean of a ge to a Statement*	To Gar get ou	45- Si	or Be Drie	wat

including and explanation and justification for approving the amendment

-Get the boat 088 the driveween

 Address the practical difficulties or unnecessary hardships, as distinguished from convenience, profit, or caprice, which would result from the strict application and the relevant regulations;

Browse Files
Drag and drop files here

 Describe how the hardship is not shared generally by other properties in the same zoning districtand in the same vicinity;

State / Province

Property Location * 32 59 110 & Ave SW

Street Address

Street Address Line 2

Dickinson NDat City

58601

Postal / Zip Code

Property Legal Description *

Type here... hot 12 Block/ Kraliceks 3rd Subdivison

- Describe the variance or modification of regulations requested;
- Explain how granting the requested relied will observe the spirit and intent of the City of DickinsonMunicipal Code, and will maintain the public safety and welfare;
- State why the granting of this variance would not negatively impact adjoining landowners.

Site Plan *		
Site Plan		
/		
! !		1
	Browse Files	1
	Drag and drop files here	
Drawn to sools with		1

Drawn to scale with North oriented to the top of the page

- Location and dimensions of all buildings and structures found on-site;
 Location and dimension of proposed construction; and
- Location and dimension of the variance requested.

Describe how the hardship is not shared generally by other properties in the same zoning district and the same vicinity *

Type here...

They cannot even see it unless they go in my booky and.

Zoning Code Sections Relevant to this Request *

Type here... (esidential

Have any previous applications of appeals been filed in connection with this property? *		
Please Select		
Copies of any order, requirement, decision, or determinat administrative official of the City of Dickinson that is relevant	ion made b /ant to this	y an request.
Browse Files Drag and drop files here		
Applicant/Property Owner Signature		J
Clear		
Date *		
MM-DD-YYYY $6-6-2023$		
Board of Adjustment *		
Board of Adjustment		\$150.00
	Total	\$150.00

First Name Last Name Credit Card Number Security Code Expiration Month Expiration Year

Submit

135 Housy 30 In Thoreson Lean to 95

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