

VARIANCE PERMIT APPLICATION

NOTE: Before submitting your application please call to schedule a meeting with the Building Official Leonard Schwindt (701)-456-7815, to discuss your application.

APPLICATION FOR VARIANCE

Property Owner Name Dickinson Rekl Management
Phone Number _____ Email _____
Address 30200 telegraph Rd suite 205, Bingham Farms, MI 48025
Street City State Zip

Property Owner Signature _____

Date _____

(All Applications must be signed by the property owner or the application will not be processed)

Applicant Name Jared Meduna (DBS Enterprises LLC)
Contact Name Jared Meduna
Phone Number 701-483-1600 Email jared@sarnodak.com
Address 67 21st ST E Dickinson ND 58601
Street City State Zip
Applicant/Permittee Signature [Signature] Date 9-18-23

*Note: If applicant is not the owner of the premises, the owner's signature or separate written permission authorizing Applicant to sign on behalf of the owner, must be affixed to this application. The signature of the applicant and owner (or written permission of the owner) certifies that permission is granted by the owner to all authorized City personnel to enter the premises for the purpose of review of this application.

Property Information:

Property location: 188 W museum drive

Zoning District: CC Adjacent zoning: N CC E CC S CC W CC
Existing use: Restaurant Adjacent use: N law enforcement center E law enforcement center
motel W Bar S

General Description of Request: ☐ purpose statement attached ☒ Site Plan attached

Reuse existing high rise sign along with small sign by museum drive

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

All adjacent properties have opportunity to have interstate sign

Zoning Code Sections Relevant to this Request:

1 sign per location

Have any previous applications or appeals been filed in connection with this property? ☒ No ☐ Yes Date: _____

Office Use Only

Proposed Request to be filled out by Building Department:

Date of BOA Meeting: _____ Required Fee: \$150.00

Paid by: ☐ Cash ☐ Credit/Debit ☐ Check # _____ Receipt # _____