



8303 8th Avenue
PO Box 127
New Auburn, MN 55366

Phone 320-864-5831
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newauburn.city@gmail.com

Date: _____
Fee Paid: _____

Type of request: _____ **Variance** _____ **Conditional Use Permit** _____ **Land Use Permit** _____ **Other**

New _____ **Renewal** _____

Street Location of Property _____

Legal Description of Property:

Owner: Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant (If other than owner):

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Request:

Reason for Request:

Signature of Applicant

Date

Please use the back side of the application to show lot lines, street names, distance from side and rear lot lines, setback from front lot line to structure. For garage, show distance from garage to house, garage to side or rear lot lines. If applicable, include landscaping, off-street parking, grade elevation of streets and location of access drives. Show North direction.

Office use only

Hearing Date (if applicable): _____ **Approved** _____ **Denied** _____

Reason _____
