



# ISTS Variance Application

## Environmental Services

(Individual Sewage Treatment System)

### 1 Property Owner & Applicant

Provide name, mailing address, and contact information.

Applicant Name	<input type="text"/>				
Mailing Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Phone # (Work/Home)	<input type="text"/>	(Cell)	<input type="text"/>		
E-Mail	<input type="text"/>				

### 2 Site Information

Provide address, type of ownership, and directions to the site.

Site Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>

Please Provide Directions to Site

Provide information regarding the well that is on the site.

Is there a well on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does the well meet deep well requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Well Depth	<input type="text"/> Feet	Casing Depth	<input type="text"/> Feet	Unique Well Number	<input type="text"/>

### 3 Lot Description

Provide total acres, square feet, legal description, parcel ID and section/tpw/range of the parcel. This information can be found on your property tax statement, or visit the county web site.

Lot Acres	<input type="text"/>	Lot Area Square Feet (Lot width x lot depth)	<input type="text"/> Sq. Feet			
Lot Width	<input type="text"/>	Lot Shape	<input type="text"/>			
Section	<input type="text"/>	Township	<input type="text"/>	Range	<input type="text"/>	
Legal Description	<input type="text"/>					
Parcel ID(s)	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	(E.g. 000-0000-00000)
	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	(E.g. 000-0000-00000)

# 4

# Shoreland: Lakes, Rivers & Streams

Indicate whether there is shoreland frontage on your property, and the name and zoning classification of the lake, river, and/or stream.

(Complete only if you have shoreland property)

Type of Shoreland (check  all that apply)

Lake

Pond

River

Stream

Mine/Gravel Pit Lake

Lake/River/Stream Name

Zoning Classification

# 5

# ISTS Design

Attach an ISTS Design from a State licensed designer (see attached list). The design must have a scaled drawing with all dimensions and setback distances shown.

ISTS Professional Name

Mn License Number

ISTS Company Name

# 6

# Variance Request

Indicate why the proposal cannot meet ordinance requirements.

Briefly describe the unique hardship that has necessitated this variance.

# 7

# Sign & Date

I hereby apply for a variance from Ordinance #55 and the Construction Standards on the basis that no substantial health hazard is likely to occur therefrom and an unnecessary hardship might result in strict compliance with the Ordinance and Standards. I further agree to install a sewage treatment system in accordance with the permit application, plans, and specification that are made in part of this variance application.

I agree to pay the Variance Fee of \$ \_\_\_\_\_ (make check and/or money order payable to St Louis County Auditor).

APPLICANT SIGNATURE

DATE

RECEIPT NUMBER

Office Use Only

Permit #

Board of Adjustment Hearing Date

Revenue Code:

Receipt Number:

Section(s) of Ordinance and Construction Standards for Individual Sewage Treatment Systems that cannot be complied with:

Incomplete Applications will be Returned