

Goodhue County Land Use Management

Goodhue County Government Center | 509 West Fifth Street | Red Wing, Minnesota 55066

Lisa M. Hanni, L.S. Director

County Surveyor / Recorder

Building | Planning | Zoning
Telephone: 651.385.3104
Fax: 651.385.3106



Environmental Health | Land Surveying | GIS
Telephone: 651.385.3223
Fax: 651.385.3098

SSTS Setback Variance Application \$350

A request for a variance to the setback requirements for an SSTS

Applicant

NAME: _____ Ph#: _____ Email: _____

MAILING ADDRESS: _____

Location of variance being requested

PROPERTY OWNER: _____ PARCEL ID #: _____

PROPERTY ADDRESS: _____

Component of SSTS associated with Variance *Check all that apply

Drainfield Tank Other

Type and amount of Variance requested *Check all that apply

Setback to Structure Distance Requested from Structure to SSTS: _____

Setback to Property Line Distance Requested from Property Line to SSTS: _____

*A property line setback requires the signature of the adjacent affected property owner.

I agree with the proposed setback variance to the above SSTS.

Owner of Neighboring Property (please print) signature Date

I hereby swear and affirm that all of the above information is true and correct to the best of my knowledge.

Applicants Name (please print) signature Date

-----Environmental Health Use-----

Variance request: Approved Denied

Approved By Date

\$350 Application Fee Paid: Date _____ Receipt # _____

Describe the reason for your variance request:

Describe the effects on the property if the variance is not granted:

Describe any unique physical limitations that exist on your property which prevent you from complying with the provisions of the current ordinance setbacks:

Discuss alternatives you considered that comply with existing standards. If compliant alternatives exist, provide your reasoning for rejecting them:

Discuss alternatives you considered that would require a lesser variance. If you rejected such alternatives, provide your reasoning:
