

**Application to the Zoning Board of Adjustment  
of the City of Sioux Falls  
Fee: \$95**

**General Information**

**Location:**

1. Address and/or general location of property for which this request is made:

\_\_\_\_\_

**Contacts:**

2. Name (Applicant): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (optional): \_\_\_\_\_

3. Name (Owner): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Appeal Information**

4. Brief explanation of relief sought or variance desired:

\_\_\_\_\_  
\_\_\_\_\_

5. State hardship requiring relief. (Proof of hardship is on the applicant—hardship examples are odd size or shape of the lot, unusual typography, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

6. Site Plan: Applicant must submit a plan of the lot or property, showing the dimensions of the lot and all proposed or existing structures thereon and the distance between said buildings and lot lines. Right-of-way easements which extend through the property shall also be shown on the plan.

Note: The Zoning Office may require that such plans be prepared by a registered engineer or land surveyor.

7. Additional information and records shall be provided at the request of the Chairperson or Clerk.

To be placed on the agenda for any Board of Adjustment hearing, a site plan and filing fee must be filed with the City Zoning Office no later than the scheduled monthly deadline. If you have any questions, please call 367-8254.

**Acknowledgement**

**A complete plan review is not provided with this application, and the City accepts no responsibility or duty to review this application for compliance with any other provision of the zoning ordinance or other City regulations. The City makes no assurances that a permit will be granted until a building permit application and a complete set of plans are submitted and approved.**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Owner's Signature)

\_\_\_\_\_  
(Date)

(Zoning Office Use Only)

Case No. \_\_\_\_\_

Request for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning District(s) and Form: \_\_\_\_\_

Specific reference to the section of the ordinance upon which this application is based: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal description of property affected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Apply Date: \_\_\_\_\_

BOA Hearing Date: \_\_\_\_\_

Certificate of Posting Received: \_\_\_\_\_

Approved Expire Date: \_\_\_\_\_

Disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_