



**City of Harrisburg  
Planning Services**

301 E Willow St. Harrisburg, SD 57032  
Phone: 743-5872 x12 Fax: 743-2831

**VARIANCE  
APPLICATION**

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant mailing address: \_\_\_\_\_

Applicant e-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal description of the property: \_\_\_\_\_

Current address of the property: \_\_\_\_\_

Current zoning of the property: \_\_\_\_\_

Reason a variance is requested: \_\_\_\_\_

Hardship requiring relief: \_\_\_\_\_

This Application form must be accompanied by:

- A non-refundable Variance Application Fee of \$300.00.
- Additional information, such as a site plan, may be requested.

A sign posted by the City must be prominently displayed on the property during the period between the submission of the Application and the public hearing by the Board of Adjustment.

I hereby certify that the information I have provided is accurate and correct.

\_\_\_\_\_  
Applicant's signature

You may e-mail completed & signed form to michael.mcmahon@harrisburgsd.gov

**FOR CITY USE ONLY**

Date received: \_\_\_\_\_ Variance # \_\_\_\_\_ Date sign posted: \_\_\_\_\_

Date of public hearing publication: \_\_\_\_\_

The public hearing will be held by the Board of Adjustment on \_\_\_\_\_ at \_\_\_\_\_ p.m.