622 Crook Street
Custer, SD 57730

Planning Department

Phone: (605) 673-4824
Fax: (605) 673-2411

VARIANCE PERMIT APPLICATION

Applicant Information

Applicant_____

Address_____

_____

City *State* *Zip*

Phone _____

E-mail: _____

(Owner of property if different than applicant)

Owner _____

Address_____

_____

City *State* *Zip*

Phone _____

E-mail: (optional) _____

PROPERTY INFORMATION

Describe Current Use _____

_____

Project Address _____

Lot _____ Block _____Legal description _____

Size _____ (acres)(square feet) Z**oning District** _____ **Water** _____ **Sewer** _____

REGULATION EXCEPTION

Describe Regulation Exception _____

_____

_____

_____

Applicant Signature _____ Date_____

(*Required*) Owner's Signature _____ Date _____

Office Use Only

Date Filed _____

Permit Fee _____

Permit / Receipt number _____

Received By_____ Date_____