

**CITY OF CASTLEWOOD  
SPECIAL EXCEPTION/VARIANCE APPLICATION**

PERMIT NUMBER \_\_\_\_\_

APPLICANT (PRINT): \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OWNER (PRINT): \_\_\_\_\_ PHONE: \_\_\_\_\_

*IF DIFFERENT THAN APPLICANT*

ADDRESS: \_\_\_\_\_

I/WE, THE UNDERSIGNED, DO HEREBY PETITION THE BOARD OF ADJUSTMENT OF THE CITY OF CASTLEWOOD SOUTH DAKOTA, TO ISSUE A SPECIAL EXCEPTION PERMIT OR VARIANCE FOR THE PROPERTY DESCRIBED AS:

(CIRCLE APPROPRIATE)

**LEGAL DESCRIPTION** (Please print or type)

\_\_\_\_\_

**GENERAL AREA OR STREET ADDRESS:** \_\_\_\_\_

**EXISTING LAND USE:** \_\_\_\_\_ **EXISTING ZONING:** \_\_\_\_\_

**SIZE OF PARCEL:** ACRES \_\_\_\_\_ **LOT DIMENSIONS:** WIDTH \_\_\_\_\_ LENGTH \_\_\_\_\_ DEPTH \_\_\_\_\_

**SURROUNDING LAND USE**

**NORTH:** \_\_\_\_\_

**SOUTH:** \_\_\_\_\_

**EAST:** \_\_\_\_\_

**WEST:** \_\_\_\_\_

**PLEASE DESCRIBE WHAT YOU PROPOSE TO DO AND WHY YOU ARE SEEKING A SPECIAL EXCEPTION PERMIT**  
(attach a separate sheet of paper if necessary)

\_\_\_\_\_

**IF YOUR ARE SEEKING A VARIANCE PLEASE PROVIDE A BRIEF STATEMENT OF THE VARIANCE DESIRED AND PLEASE STATE THE HARDSHIP REQUIRING RELIEF.** (Proof of hardship is on the applicant - Hardship examples are odd size or shape of the lot, unusual topography, etc. attach a separate sheet of paper if necessary)

\_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**SIGNATURE OF OWNER (IF DIFFERENT THAN APPLICANT)** \_\_\_\_\_

NOTE: A SKETCH OF PROPOSED PROPERTY SHALL ACCOMPANY THIS APPLICATION, SHOWING THE FOLLOWING:

- |  |  |
|--|--|
| 1. NORTH DIRECTION                       | 5. LOCATION OF PROPOSED STRUCTURE ON LOT   |
| 2. DIMENSIONS OF PROPOSED STRUCTURE      | 6. DIMENSIONS OF FRONT AND SIDE SET BACKS  |
| 3. STREET NAMES                          | 7. LOCATION OF ADJACENT EXISTING BUILDINGS |
| 4. OTHER INFORMATION AS MAY BE REQUESTED |  |

THE BOARD OF ADJUSTMENT MAY REQUIRE THAT SUCH PLANS BE PREPARED BY A REGISTERED ENGINEER OR LAND SURVEYOR.

*\*\*PLEASE USE THE ATTACHED SKETCH INSTRUCTION SHEET FOR AN EXAMPLE.*

**FOR OFFICIAL USE ONLY**

DATE FILED WITH ADMINISTRATIVE OFFICIAL: \_\_\_\_\_

FEE PAID (NON-REFUNDABLE): \_\_\_\_\_ YES \_\_\_\_\_ NO

DATE OF HEARING: \_\_\_\_\_

ACTION BY BOARD OF ADJUSTMENT: \_\_\_\_\_