Dakota County Environmental Management
14955 Galaxie Avenue
Apple Valley MN 55124
Ph: 952-891-7000 Fax: 952-891-7031

APPLICATION for ZONING APPEAL
To decision made by Zoning
Board of Adjustment

Property Owner Name:_____

Property Address:_____

City/Zip_____ Parcel ID(s):_____

Phone #:_____ Email:_____

Name of Lake, River or Tributary _____

Is the proposed project in or near a floodplain? ❑ Yes ❑ No

What order, requirement, decision or determination is being appealed? _____
_____
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Explain the reasons for your appeal, and provide any evidence you believe will support the appeal. _____
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I hereby certify that the information provided is correct and agree that false or misleading information may be grounds for invalidating this appeal. I further agree that any plans and specifications submitted are part of this permit application. I also understand that this appeal process is the final decision by the Zoning Board of Adjustment.

Signature:_____ Date:_____

Homeowner Check List

- Complete and sign the application
- Attached original Variance application and any supporting material.
- Zoning Appeal fee of $525: Check or money orders should be made payable to: DAKOTA COUNTY TREASURER. To make a credit card payment, please call 952.891.7110.

For Office Use Only:	Comments:
Permit #:_____ Check #:_____ Amount: _____ Approved by: _____	