

Municipal Variance Request Form



Applicant Information

- Name: _____
- Address: _____
- Phone: _____
- Email: _____

120 W 2ND ST
 Miller SD 57362
 Phone: (605) 853-2705
 Fax: (605) 853-3617
 finance.office@cityofmillersd.com
 www.cityofmillersd.com

Property Information

- Property Address: _____
- Hand County Record# _____
- Lot/Legal Description _____
- Zoning District (if known): _____

Click Here for Current Zoning Ordinance.

\$150.00 fee due upon submitting

Please note: Publication will need to be in the newspaper for 10 days prior to the public hearing that takes place at a regular city council meeting on the first or third Mondays.

Variance Request

Describe the variance being requested:

Attachments (if applicable)

- Site Plan
- Survey
- Photos
- Other: _____

I certify that the information provided is true and correct to the best of my knowledge.

Applicant Signature: _____

Date: _____

Office Use Only

- Date Received: _____
- Fee Paid: _____
- Hearing Date: _____
- Approved Denied