



Planning and Zoning Administration
Sherburne County Government Center
13880 Business Center Drive
Suite 100
Elk River, MN 55330-4668
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(763) 765-4450
1-800-438-0578

SHERBURNE COUNTY BOARD OF ADJUSTMENT MEMBER APPLICATION

This Board approves variances to the Zoning Ordinance as defined by Minnesota Statutes and hear appeals to administrative decisions made by the Zoning Administrator. Responsibilities include reviewing application files, visiting the project site, and attending a public hearing for the variance or the appeal.

The Board is paid a per diem plus mileage. Members shall serve a term of three years. The Board meets once a month on the 2nd Thursday of each month at 6:00 PM at the Sherburne County Government Center, 13880 Business Center Drive, Elk River, MN

Please fill out the entire application and provide a signature below:

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: Home: _____ Work/Cell: _____

E-MAIL ADDRESS: _____

TOWNSHIP: _____

OCCUPATION: _____

EMPLOYER: _____

Are you currently a year-round resident of Sherburne County? Yes ___ No _____

How long have you been a Sherburne County Resident? _____

Are you able to attend the meetings on the 2nd Thursday of each month? Yes ___ No ___

Have you attended a Board of Adjustment Meeting? Yes _____ No _____

Is there a particular issue you would like to see addressed by the Zoning Board of Adjustment ?

Have there been any recent decisions made by the Board of Adjustment that you have strongly agreed or disagreed with and why?

Are you familiar with Sherburne County’s Zoning Ordinance? Yes ____ No ____

Have you served on other boards or commission? Yes ____ No ____

If yes, please list which one (s):

What education, work and/or practical experience do you possess that may be relevant to serving on this board? _____

Explain what you believe is the role of a Board of Adjustment member: _____

When do you believe a variance should be granted: _____

How would you base your approval or denial of an appeal request? _____

Why are you interested in being appointed to this position? _____

Are there any potential conflicts of interest for you to serve on a board in Sherburne County?

Yes _____ No _____ If yes, please list: _____

Please list three local references (name and phone number) who would vouch for you.

Signature

Date

The above information I have provided is accurate. I have read and understand the requirements to serve as a member of the Sherburne County Board of Adjustment.