

622 Crook Street
Custer, SD 57730

Planning Department
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Phone: (605) 673-4824
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VARIANCE APPLICATION

Applicant: _____ **Phone:** _____
Owner: _____ **Fax:** _____
Address: _____ **E-mail:** _____

City State Zip **Date:** _____

Signature: _____ **Date** _____

Legal Description:
Lot(s) _____ **Section** _____
Block _____ **Township** _____
Subdivision _____ **Range** _____

Describe Variance Request: *(include site plat of request)* _____

Signature of Owner/Applicant **Date of Application**

Office Use Only

Date Received _____	Application #: _____
Received By: _____	Tax ID #: _____
Filing Fee: _____	Planning Commission Date and Time: _____
Receipt: _____	City Council Date and Time: _____