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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

Application For Variance
Type of Document

PREPARER INFORMATION: (name, address, phone number)

Drew Bryant, 2237 Howell Valley Ct, 402-389-1812
Winterset, IA 50273

TAXPAYER INFORMATION: (name and mailing address)

✓ RETURN DOCUMENT TO: (name and mailing address)

Drew & Jillian Bryant
2237 Howell Valley Ct
Winterset IA 50273

GRANTOR: (name)

Madison County Public Health

GRANTEE: (name)

Drew & Jillian Bryant

LEGAL DESCRIPTION: (if applicable)

See page:

Document or instrument of associated documents previously recorded:
(if applicable)

Application for Variance

Office Use Only					
Tracking Number	Date Received	Fee Paid	Date of Brd Review	Date Recorded	Section/Township

Additional information will be required upon request of the Board of Adjustment or Board of Health. In addition, please attach any other information that you believe will be helpful in reviewing your application.

Please Print All Information.

1. Applicant Information			2. Property Owner Information (If different than Block 1)		
First Name Drew and Jillian	Last Name Bryant		First Name	Last Name	
Company Name			Company Name		
Address 2237 Holliwel Valley Ct.			Address		
City Winterset	State IA	Zip 50,273	City	State	Zip
Phone Number (area code) 402-389-1812	Fax or E-mail jjdemarce3@gmail.com	Cell Phone	Phone Number (area code)	Fax or E-mail	Cell Phone
3. Type of Variance		4. Legal Description (Property for which Variance is requested)			
<input checked="" type="checkbox"/> Environmental Health <input type="checkbox"/> Zoning		Lot Eleven (11) of Holliwel Subdivision, located in the Northeast Quarter (NE¼) of Section Five (5), in Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa.			
5. Citation or standard (for which variance is requested)					
10 foot setback					
6. Variance Requested					
Variance of the 10 foot setback to allow for an additional lateral to be added to the existing septic system within the setback area.					
7. Summary of Fact (why variance is needed). Provide additional pages if necessary.					
<p>An addition is being built that will include two bedrooms and one bathroom. This requires an additional lateral to be added to the existing septic system. The placement of this additional lateral will be fully on our property but within the 10 foot setback. It is not expected that the installation of the additional lateral will in any way negatively impact the use and enjoyment of our neighboring properties or encroach on our neighboring properties in any way</p>					

I hereby attest the truth and accuracy of all facts and information presented on this application and as part of this application.		Variances must be approved by the Board of Adjustment, or Board of Health before any certificate or permit can be approved by the Zoning Administrator or Environmental Health Officer.
Applicant Signature 	Date 6-4-2021	
Owner Signature (unless same as applicant)		Date

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