

Village of Wausaukee
PO Box 475
428 Harrison Avenue
Wausaukee, WI 54177

Payable to: Village of Wausaukee
Village Hall: 715-856-5341

APPLICATION FOR VARIANCE

FEE: \$ 175.00 PAID: _____

APPLICATION #: _____

(Please print or type. Please use black ink for duplicating purposes.)

A. PROPERTY OWNER

A-1 Name _____

Mailing Address _____

Phone _____

Permission is hereby granted for appropriate Village Staff to enter upon the property for the purpose of placement and removal of hearing notices, conducting inspections prior to hearing, and conducting inspections to determine compliance with the terms and conditions, if any, of the variance granted. Said permission is to remain in force until a Certification of Compliance has been issued, and is binding on all heirs and assigns.

Signature _____ Date _____

I HEREBY APPOINT THE FOLLOWING AS MY AGENT FOR PURPOSES OF THIS APPLICATION:

A-2 Applicant (Name) _____

Mailing Address _____

Phone _____

Signature _____ Date _____

B. PROPERTY INFORMATION

B-1 Tax Key/Parcel #: _____

B-2 Lot _____ Block _____ Subdivision _____ or CSM _____

Section _____ Town _____ North Range _____ East

Village of _____ Acres _____

B-3 Location (of property) _____

B-4 Zoning (Existing) _____ Zoning (Proposed): _____

B-5 Use (Existing): _____

Use (Proposed): _____

B-6 Sewer: Existing _____ Required _____ Municipal _____ Private System: _____

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Applicant: Please fill out ALL the questions

C Describe what you are building, the proposed dimensions and what are the proposed setbacks?

D Describe the exceptional or extraordinary circumstances or conditions that apply to your property that do not apply to surrounding properties.

E Describe the hardship(s) that would result if the Variance is not granted.

F Describe how the variance would not have adverse affects on surrounding lands.

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PLOT PLAN