

# TOWN OF MARSHFIELD VARIANCE APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

E- Mail: \_\_\_\_\_

Tax Parcel No. \_\_\_\_\_ Fire No. \_\_\_\_\_

Legal description of property (on tax statement) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lot Area & dimensions \_\_\_\_\_

Current Zoning District \_\_\_\_\_

Current Use & Improvements \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature and disposition of any prior petition for appeal, variance or special use

\_\_\_\_\_

\_\_\_\_\_

Description of all nonconforming structures & uses on this property \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Variance Requested

a. Terms of Ordinance (Section No) \_\_\_\_\_

b. Variance Requested \_\_\_\_\_

\_\_\_\_\_

**Names & Addresses of All Adjoining Property Owners within 500 ft**

---

---

---

---

**Address each of the following criteria for granting a variance as described in the application (attach additional pages if necessary):**

**1) Unnecessary hardship is present because...** \_\_\_\_\_

---

---

**2) Compliance with the terms of the ordinance is prevented by unique features of this property...** \_\_\_\_\_

---

**3) A variance will not be contrary to the public interest because...**

---

---

**Attach a map or sketch of the property involved. Include property lines, existing & proposed driveways and roads, dimensions & locations of existing & proposed buildings, and location of sanitary septic system.**

**Grant the Board of Appeals, in the performance of their duties, permission to enter upon land, make examinations and surveys and place and maintain necessary monuments and marks thereon.**

**A hearing will be scheduled after the application is received. Additional information may be requested by the Board of Appeals. The decision of the Board of Appeals is final.**

**I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Application fee is \$275.00\*\*. Make checks payable to Town of Marshfield. Submit fee and original application plus ten (10) copies to:**

**Town of Marshfield Clerk  
P O Box 94  
Mt. Calvary, WI 53057-0094**

**\*\*The Town Board, the Zoning Board of Appeals and the Plan Commission reserve the right to retain professional assistance for advice on rezonings, variances, special use permits or other permits authorized by this ordinance. In addition to the payment of the filing fees, the applicant shall reimburse the Town for its reasonable professional fees.**

VA2022

Office Use: Date Rec'd \_\_\_\_\_ Amt Pd \_\_\_\_\_

Accepted by: \_\_\_\_\_