

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.

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 \$250.00. 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**

VA2018

Office Use: Date Rec'd _____ Amt Pd _____

Accepted by: _____