VARIANCE APPLICATION

VILLAGE OF STETSONVILLE BOARD OF ADJUSTMENT/APPEALS

Date filed _____ ν $150 fee paid (payable to Village of Stetsonville)

	Applicant/Agent	Owner	Contractor
Name			
Address			
Phone			

Legal Description of Property: _____1/4 _____1/4, S___, T___N, R___E
Fire Number_____ Tax Parcel Number 251-_____
Lot Area & Dimensions: _____ Sq. Ft. _____ x _____Ft.
Zoning District (circle One) R-1 R-2 R-3 C-1 C-2 G-1 W-1 A-1 I-1 I-2 PUD
Current Use & Improvements _____

Terms of Ordinance (Section #)	Variance Requested
_____	_____
_____	_____

Address each of the following criteria for granting of a variance as described on the preceding pages (attach additional pages as 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 plat or other map of your site and detailed construction plans.

I certify that the information I have provided in this application is true and accurate.

Signed: _____ Date: _____
Applicant/Agent/Owner

Remit to: Village of Stetsonville, Zoning Office
105 N. Gershwin/PO Box 219
Stetsonville, WI 54480
715-678-2191