



Village of **Ashwaubenon**

2155 Holmgren Way • Ashwaubenon, WI 54304

www.ashwaubenon.com

P: 920.492.2302 F: 920.492.2328

Variance Application - Zoning Board of Appeals

Site Information

Address _____ Lot Area _____

Parcel ID VA- _____ Zoning District _____ Lot Dimensions _____

Legal Description (lot, block, & recorded subdivision **OR** meets & bounds description)

Property Owner

Name _____

Address _____

Phone _____ Fax _____ Email _____

Applicant (If different than property owner)

Architect Contractor Agent Other (_____)

Name _____

Address _____

Phone _____ Fax _____ Email _____

Details of Variance Request

Terms of Ordinance (Section No.) _____

Variance Requested _____

Unnecessary hardship is present because of the following (attach additional page as necessary)

Compliance with terms of the ordinance is prevented by unique features of this property (attach additional page as necessary)

A variance will not be contrary to the public interest because of the following (attach additional page as necessary)

Please attach a plat or other map of site and detailed construction plans. Petitioner must appear at the board of appeals hearing for petition to be granted. If petitioner fails to appear, the board of appeals may take action to dismiss the petition.

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge & belief.

Applicant/Agent Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Please remit application to:

Community Development Department, Village of Ashwaubenon, 2155 Holmgren Way, Ashwaubenon, WI 54304

FOR OFFICE USE ONLY

Date Filed: _____

Fee Paid: yes / no

Z.B.O.A. Action: _____ ayes / _____ noes

approved / denied

DATE: _____

Stipulation(s):

