



# APPLICATION FOR VARIANCE

CITY OF ANTIGO BUILDING INSPECTOR AND ZONING ADMINISTRATOR  
700 EDISON STREET, ANTIGO, WISCONSIN 54409  
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ALL INFORMATION MUST BE PRINTED AND LEGIBLE

**FEE \$ 75.00**

DATE OF APPLICATION: \_\_\_\_\_

APPLICANT NAME (S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ PARCEL NUMBER: \_\_\_\_\_

SECTION OF ORDINANCES AFFECTED BY REQUESTED VARIANCE: \_\_\_\_\_

PROPOSED VARIANCE TO ORDINANCE: \_\_\_\_\_

REASON FOR VARIANCE: \_\_\_\_\_

As the applicant, I hereby state that the above statements and enclosed documentation are accurate and true to the best of my knowledge.

APPLICANT SIGNATURE: \_\_\_\_\_

\_\_\_\_\_ FOR OFFICE USE ONLY BELOW THIS LINE \_\_\_\_\_

**The public hearing will be held in the Multipurpose Room at City Hall unless notified of an alternate location.**

**DATE OF PUBLIC HEARING:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY:** \_\_\_\_\_

**ADJACENT PROPERTY OWNERS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION OF THE ZONING BOARD OF APPEALS:** \_\_\_\_\_ **APPROVED** \_\_\_\_\_ **DENIED**

\_\_\_\_\_  
SIGNATURE OF CHAIRPERSON OF  
ZONING BOARD OF APPEALS

\_\_\_\_\_  
DATE