



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