



**APPLICATION FOR VARIANCE**  
 CITY OF ANTIGO BUILDING INSPECTOR AND ZONING ADMINISTRATOR  
 700 EDISON STREET, ANTIGO, WISCONSIN 54409  
 PHONE: 715.623.3633 x134 Fax 715.627.7099  
[bmccarthy@antigo-city.org](mailto:bmccarthy@antigo-city.org)

**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