

OUTAGAMIE COUNTY
APPLICATION FOR VARIANCE – SUBDIVISION ORDINANCE
OFFICE USE ONLY

FILE NO. _____

Date Filed _____

Fee Paid _____

Town of _____

Tax Parcel # _____

Applicant or Agent _____

Address _____ Telephone _____

Owner of Property _____

Address _____ Telephone _____

Contractor _____

Address _____ Telephone _____

Legal Description of Property _____

Lot Size _____ Zoning District _____

Present Use _____

Proposed Use _____

This request is for a Variance under the terms of Section _____ of the
Outagamie County Subdivision Ordinance.

Please attach the following:

1. A plot plan, drawn to scale, showing the area involved, its location, dimensions and location of any adjacent structures existing within 300 feet of the area in question (if applicable).
2. A statement of facts listing the applicant's special conditions that would cause literal enforcement of the cited ordinance to result practical difficulty or unnecessary hardship.
3. A written recommendation from the Town Board (signed and dated).

CERTIFICATION

I hereby certify that all the above statements and attachments submitted herewith are true and correct to the best of my knowledge and belief.

Signature of Applicant _____ Date _____

Submit nine (9) copies of the attachments

Submit to: Zoning Department * 410 S. Walnut Street * Appleton, WI 54911