



Village of  
***Ashwaubenon***

2155 Holmgren Way • Ashwaubenon, WI 54304

[www.ashwaubenon.com](http://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:

Village Clerk-Treasurer, Village of Ashwaubenon, 2155 Holmgren Way, Ashwaubenon, WI 54304

#### FOR OFFICE USE ONLY

Date Filed: \_\_\_\_\_

\$250 Fee Paid: ☐ yes / ☐ no

Z.B.O.A. Action: \_\_\_\_\_ ayes / \_\_\_\_\_ noes

☐ approved / ☐ denied

DATE: \_\_\_\_\_

Stipulation(s):

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