

APPLICATION TO THE
BOARD OF APPEALS
 CITY OF PLATTEVILLE, WISCONSIN



GENERAL INFORMATION

	APPLICANT/AGENT	OWNER
NAME(S):		
MAILING ADDRESS:		
PHONE:		
EMAIL:		

TYPE OF REQUEST: Variance from Code Requirements Appeal of Administration Decision

PROPERTY INFORMATION

SITE ADDRESS:		PARCEL ID:	
LEGAL DESCRIPTION:			
CURRENT USE & IMPROVEMENTS:			
PROPOSED USE & IMPROVEMENTS:			

DIMENSIONS	REQUIRED (FT OR SQ FT)	REQUESTED (FT OR SQ FT)	CORNER LOT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
STREET YARD:			ZONING DISTRICT:	
LEFT SIDE YARD:			CODE REFERENCE (SECTION NO.):	
RIGHT SIDE YARD:				
REAR YARD:				
AREA:				
OTHER:				

OFFICE USE ONLY

Date Application Filed: _____ Fee Paid (\$): _____ Receipt Number: _____
 Board of Appeals Action: _____ BoA Date: _____ Permit Number: _____
 Conditions: _____

APPLICATION TO THE
BOARD OF APPEALS
 JUSTIFICATION FOR THE REQUEST



VARIANCE: State in the spaces below how your variance request conforms to the Three Standards Test as described in the “Zoning Variance FAQ” document.

1. <u>UNNECESSARY HARDSHIP IS PRESENT BECAUSE:</u>	
2. <u>THE HARDSHIP IS DUE TO THE UNIQUE FEATURES OF THE PROPERTY IN THAT:</u>	
3. <u>THE VARIANCE WILL NOT BE CONTRARY TO THE PUBLIC INTEREST BECAUSE:</u>	

APPEAL OF AN ADMINISTRATIVE DECISION: Provide a description of your appeal.

CITY OFFICIAL(S) WHO MADE THE DECISION YOU ARE APPEALING:	
DECISION OF OFFICIALS:	
DESCRIBE YOUR APPEAL:	

SIGNATURES: The undersigned person(s) hereby give notice to the Board of Zoning Appeals of the City of Platteville, Wisconsin, of an appeal and/or request for a variance. *Typing your name(s) below signifies your application to the Board.*

APPELLANT: _____

DATE: _____

APPELLANT: _____

DATE: _____