APPLICATION TO THE

BOARD OF APPEALS

CITY OF PLATTEVILLE, WISCONSIN



GENERAL INFORMATION

	APPLIC	CANT/AGENT		OWNER			
NAME(S):							
_							
MAILING							
ADDRESS:							
-							
PHONE:							
EMAIL:							
TYPE OF REQU	EST: Variance	from Code Requi	rements	Appeal of Administration Decision			
PROPERTY INFORMATION: Attach additional sheets if necessary.							
SITE ADDRES	S:			PARCEL ID:			
LEGA							
DESCRIPTION	N:						
CURRENT USE	T USE &						
IMPROVEMENT	S:						
PROPOSED USE	&						
IMPROVEMENT	S:						
DIMENSIONS	-	REQUESTED	CORNER I	LOT? Yes No			
	(FT OR SQ FT)	(FT OR SQ FT)		-			
STREET YAR			ZONING DISTR				
LEFT SIDE YAF			CODE REFERE				
RIGHT SIDE YAR			(SECTION I				
REAR YAF							
ARI							
OTH	EK:						
OFFICE USE ONLY							
	Filed:	Fee Paid (\$):		Receipt Number:			
Board of Appeals Action:				Permit Number:			
Conditions:							

BOARD OF APPEALS





VARIANCE: State in the spaces below how your variance request conforms to the Three Standards Test as described in the "Zoning Variance FAQ" document. *Attach additional sheets if necessary.*

		, ,				
1. UNNECESSARY						
<u>HARDSHIP</u> IS						
PRESENT						
BECAUSE:						
2. THE HARDSHIP						
IS DUE TO THE						
UNIQUE						
FEATURES OF						
THE PROPERTY IN THAT:						
3. THE VARIANCE						
WILL NOT BE CONTRARY TO						
THE PUBLIC						
INTEREST						
BECAUSE:						
ADDEAL OF AN ADMINISTD	ATIVE DECICIONS Dravida	description of volumences				
APPEAL OF AN ADMINISTR		description of your appear.				
CITY OFFICIAL(S) WHO MADE TO DECISION YOU ARE APPEALI						
DECISION OF OFFIC	ALS:					
DESCRIBE YOUR APP	EAL					
Attach additio	nal					
sheets if necesso	ıry:					
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.					
ADDELLANT.		D.4TF				
APPELLANT:						
APPELLANT:		DATE:				