

FEE: _____

LANGLADE COUNTY LAND RECORDS AND REGULATIONS DEPARTMENT

Resource Center 837 Clermont St. Antigo, WI 54409
Phone: (715) 627-6206 Fax: (715) 627-6281

PETITION FOR GRANT OF VARIANCE

OWNER	TELEPHONE		
MAILING ADDRESS	CITY	STATE	ZIP
NAME OF CONTRACTOR/BUILDER/AGENT	ADDRESS		TELEPHONE
Gov't. Lot ____, _____ 1/4 _____ 1/4, Section _____ T _____ N, R _____ E Town of _____			
Subdivision or CSM _____	Lot _____	Block _____	Parcel # _____
Zoning District: _____	Lot Area: _____	Sq. Ft. or Acres: _____	
Pursuant to Section(s) _____			

TO THE LANGLADE COUNTY BOARD OF ADJUSTMENT;

Please take notice that the undersigned was refused a permit by Langlade County Land Records & Regulations Department, for the alterations, repairs or construction of: (Please check all applicable)

New Building

- Residence _____
- Res/Att. Garage _____
- Garage _____
- Manuf. Home _____
- Deck/Porch _____

Addition:

- Residential _____
- Commercial _____
- Satellite Dish _____
- Other Bldg. _____
- (Specify) _____

At the property described above in Langlade County, Wisconsin for the reason that the application failed to comply with the Zoning Ordinance with respect to: (Check all applicable)

- Setback to water _____
- Setback to side lot line _____
- Setback to road ROW _____

- Minimum lot size _____
- Height _____
- Other _____

The petitioner herewith seeks a variance from the provisions of the Langlade County Zoning Ordinance because: _____

The applicant or agent must be present at the hearing and must provide a plan showing all proposed and existing buildings, existing setbacks, sanitary systems, wells, etc. The undersigned hereby attests that the above stated information is true and accurate.

Signature of Owner or Agent _____ Date _____

FOR OFFICE USE ONLY

VARIANCE REQUEST: _____

<input type="checkbox"/> Approved	Date: _____, 20__	Date Filed _____, 20__
<input type="checkbox"/> Denied	Date: _____, 20__	Published _____, 20__
<input type="checkbox"/> Recessed	Date: _____, 20__	Hearing Date _____, 20__
		Rehearing Date _____, 20__
For Conditions of Approval Refer to BOA Decision Form		Date sent to Town _____, 20__