

Application for Variance Requests

TOWN OF WRIGHTSTOWN ZONING BOARDS OF APPEALS

Variance Request Application Fee: \$730.00

Make check payable to: *Town of Wrightstown*

Mail to Zoning Administrator: Shawn DeCleene; 6972 Cty Rd PP, Greenleaf, WI 54126

Please include this completed form with payment.

APPLICANT INFORMATION

Name: _____

Address: _____

Phone: _____

AGENT (If Applicable)

Name: _____

Address: _____

Phone: _____

DESCRIPTION OF REQUEST

State briefly the nature of your request. Attach any plans, maps, drawings, or supporting documents.

PROPERTY LOCATION & DESCRIPTION

Parcel (W _____) $\frac{1}{4}$ _____ $\frac{1}{4}$ _____ Section _____, Township _____ N, Range _____

Legal Description of Property including number of acres.

Date: _____

Signature of Applicant: _____

FOR OFFICE USE ONLY

Date of Publishing: _____

Date of Request: _____

Planning Commission Recommendation