

# Application for Variance Requests

## VILLAGE OF GREENLEAF ZONING BOARDS OF APPEALS

**Variance Request Application Fee: \$730.00**

**Make check payable to:** *Village of Greenleaf*

**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.

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### PROPERTY LOCATION & DESCRIPTION

Parcel (VG \_\_\_\_\_) 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ Section \_\_\_\_\_, Township \_\_\_\_\_ N, Range \_\_\_\_\_

Legal Description of Property including number of acres.

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

Signature of Applicant: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date of Publishing: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Planning Commission Recommendation