

Application for Variance

Town of Amberg
PO Box 245
Amberg, WI 54102
Attn: Plan Commission

Please fill in the information asked for below:

PETITIONER:	PETITIONER REPRESENTATIVE (if any)
Name (First and Last)	Name (First and Last)
Mailing address	Mailing address
Contact Phone:	Contact Phone:
E-mail:	E-mail:

PROPERTY INFORMATION

Property Tax Number: _____

(ex. 000-00000.000)

Fire Number: _____

Acreage: _____

I hereby certify that I am the owner, or I have been authorized to act for the owner of the property described above and that I am petitioning for a variance in conformance with the Amberg Town Ordinances. I understand the Planning Commission may need to access my property and I give permission for them to do so. I understand that payment of the application fee is nonrefundable and is to cover the costs associated with processing this application, and that it does not assure approval of the variance. I understand that the burden of evidence to show compliance with the Town Ordinances rests with me, the applicant. I also understand that assigned hearing dates are tentative and may be postponed by the Planning Commission of Town Board.

Date: _____

Signature: _____

Documentation (attach as needed. If hand drawn, must be legible and complete)

Required: \$100.00 application fee. Plot layout or survey with desired variance indicated. The drawing should show property lines, all structures, well and septic, utility lines, easements, and driveways. Plans should be drawn to scale as closely as practical. The drawing should include setbacks from property lines, road, and waterway(s) if applicable.

Optional: Any applicable photographs, building elevations, building floor plans, building permit, zoning permit, topographic map of site.

A copy of this document will be kept on file at the clerk's office.

Application should be submitted at least one week prior to the Planning Commission meeting to the address above.

DESCRIPTION OF VARIANCE: (This should clearly describe the variance and why it is needed)

DESCRIPTION OF ALTERNATIVES: (Options other than requested as described above. If none, so state)

IMPACT ON ADJOINING PROPERTIES: (If none, so state)

	FOR TOWN USE
Planning Commission Review	
Date(s)	
Planning Commission Site Visit (if any)	
Planning Commission Decision	Recommended
	Not Recommended Date:
Town Board Review Date(s)	
Town Board Decision	Approved
	Disapproved Date:
Fee Paid:	Amount: Date: