

TOWN OF CLOVERLAND - APPLICATION FOR SETBACK VARIANCE

OWNER'S NAME _____

APPLICANT'S NAME (IF DIFFERENT FROM OWNER) _____

MAILING ADDRESS _____

CONTRACTOR'S NAME _____

TELEPHONE NUMBER _____ E-mail _____

TAX PARCEL NO: _____ COMPUTER NO: _____

PROPERTY ADDRESS/FIRE # _____

LEGAL DESCRIPTION ___ 1/4 ___ 1/4 OR GOV'T. LOT ____, SECTION ____, T40N, R9E

APPROXIMATE LOT DIMENSIONS ___ X ___ LOT AREA ___ SQ.FT./ACRES

ZONING DISTRICT _____

CURRENT USE & IMPROVEMENTS _____

PROPOSED USE & IMPROVEMENTS _____

TO QUALIFY FOR A VARIANCE, APPLICANT MUST PROVE 3 REQUIREMENTS LISTED BELOW:

- 1. UNNECESSARY HARDSHIP** DESCRIBE HOW STRICT APPLICATION OF THE ORDINANCE REQUIREMENT (SETBACK) WILL RESULT IN AN UNNECESSARY HARDSHIP

- 2. UNIQUE PHYSICAL LIMITATIONS OF THE PROPERTY** DESCRIBE HOW COMPLIANCE WITH THE ORDINANCE IS PREVENTED BY UNIQUE PHYSICAL LIMITATIONS OF THE PROPERTY (STEEP SLOPES, WETLANDS, ETC.)

3. **NO HARM TO PUBLIC INTEREST** DESCRIBE HOW A VARIANCE WILL NOT BE CONTRARY TO PUBLIC INTEREST.

ATTACH SCALED DRAWING OF THE PROPERTY SHOWING EXISTING STRUCTURES, PROPOSED STRUCTURES WITH DIMENSIONS TO LOT LINES & PUBLIC ROADS.

ATTACH DRIVING DIRECTIONS FROM THE TOWN HALL TO THE PROPOERTY

STAKEOUT THE PROPOSED BUILDING FOR INSPECTION BY THE TOWN BOARD

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED (APPLICANT/AGENT/OWNER) _____

DATE _____

Return Completed Application To:

Millie Ritzer
Clerk - Town of Cloverland
PO Box 5860
Eagle River WI. 54521