



# VARIANCE APPLICATION FORM

VILLAGE OF GRANTSBURG ZONING BOARD OF APPEALS

Applicant

Name: \_\_\_\_\_

Property Owner

Name: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, S \_\_\_\_\_, T \_\_\_\_\_ N  
R \_\_\_\_\_ E

Parcel Number: 131 2600 \_\_\_\_\_

Lot Area and Dimensions: \_\_\_\_\_ sq ft, \_\_\_\_\_ x \_\_\_\_\_ ft

Zoning

District: \_\_\_\_\_

Current

Use: \_\_\_\_\_

Variance Requested –List Ordinance Number (Sec. \_\_\_\_ - \_\_\_\_ - \_\_\_\_)

Variance is requested

for: \_\_\_\_\_

Address each of the following criteria for granting of a variance (attach additional pages if necessary)

**PLEASE SEE ATTACHED NOTICE TO APPLICANTS FOR AN EXPLANATION OF THE THREE STEP TEST TO ASSIST YOU IN COMPLETING NUMBERS 1-3 BELOW**

1) Unnecessary

Hardship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Hardship due to unique physical limitations of the property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) No harm to public interest: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a map of your site and detailed construction plans.

I understand that the application fee of \$100.00 is due at the time of submitting this application. This amount is not refundable if my application is denied.

Signature of Property Owner (required if applicant is different than the owner): \_\_\_\_\_ Date: \_\_\_\_\_

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

Return to: Village of Grantsburg, 316 South Brad Street, Grantsburg, Wisconsin 54840  
Questions? Please call 715-463-2405.

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**For Office Use Only**

Application Fee Paid of \$100.00

Date Application Received: \_\_\_\_\_

Variance granted on \_\_\_\_\_  Variance denied on \_\_\_\_\_