

Village of Pulaski
585 E. Glenbrook Dr. / PO Box 320
Pulaski, WI 54162-0320
Phone: (920) 822-5182 / Fax (920) 822-5632

REQUEST FOR VARIANCE

APPLICANT: _____

PARCEL # _____

ADDRESS: _____

TELEPHONE: _____

ACTION REQUEST:

- _____ LESS THAN MINIMUM ROAD FRONTAGE
- _____ LESS THAN SIDE YARD SETBACK
- _____ LESS THAN REAR YARD SETBACK
- _____ LESS THAN FRONT YARD SETBACK
- _____ FRONT YARD GARAGE
- _____ OTHER _____

THERE IS A FEE OF \$300.00 (PER APPLICANT) THAT WILL NEED TO ACCOMPANY THIS REQUEST.

DESCRIPTION AND LOCATION OF SUBJECT PROPERTY:

- State law sets three standards for granting a zoning variance. The burden is upon the applicant to provide evidence to the Board of Zoning Appeals that their situation meets the standards. All three standards must be met in order for a variance to be granted. Please describe your problems that meet the 3 standards.

UNNECESSARY HARDSHIP: Describe the hardship that would result if your variance were not granted: _____

UNIQUE PROPERTY FEATURE: Describe the special conditions that apply to your lot or structure that do not apply to surrounding lots or structures:

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NOT CONTRARY TO PUBLIC INTEREST: Describe how the variance would not have adverse effect on the surrounding properties:

The board of zoning appeals meets on an 'as needed' basis. When they receive this request the board of zoning appeals will set up a field inspection and a hearing date. You will be notified of the time and place.

***** PLEASE ATTACH A DRAWING OF THE PROPERTY WITH ANY EXISTING BUILDINGS AND/OR PROPOSED BUILDING WITH THE CORRECT DIMENSIONS.**

APPLICANT SIGNATURE

DATE

***** FOR OFFICE USE ONLY *****

| | |
|--|-------------------------|
| _____ PARCEL NUMBER | _____ DATE RECEIVED |
| _____ CURRENT ZONING | _____ \$300.00 FEE PAID |
| _____ DATE SENT TO B. O. A. | _____ FAXED TO PAPER |
| _____ DATE OF FIELD INSPECTION | _____ DATE OF HEARING |
| _____ TIME OF FIELD INSPECTION | _____ TIME OF HEARING |
| _____ DATE LETTERS WERE MAILED TO ADJACENT PROPERTY OWNERS | |