

VARIANCE REQUEST APPLICATION**TOWN OF GREEN BAY ZONING BOARD OF APPEALS**

A completed application must be submitted to the Zoning Administrator no less than 15 Days prior to the Third Tuesday of the month to be included on that month's agenda.

A Variance Request Application review fee of \$450.00 must be submitted with materials.

1) Applicant Information

Name: _____

Business Name: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: _____ Email: _____

Firm Preparing Plans: _____

Contact Name: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: _____ Email: _____

All correspondence on this application should be sent to: Property owner _____ Agent _____

2) Property Owner Information This section can be left blank if the same as above.

Name: _____

Business Name: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: _____ Email: _____

3) Information regarding requested Variance Request

Address/Location: _____

Parcel ID Number: _____

Current Zoning District: _____

Requested Zoning District: _____

Size of parcel in acres: _____

Sewer: Municipal _____ Septic/Mound _____

Briefly describe the Proposed Site Use: _____

Please provide a Legal Description: _____

Describe the Variance Request: _____

List the effects on the property if the variance is not granted: _____

Please list the specific hardship(s) relating to your variance request: _____

Please describe alternatives that you considered that comply with existing regulations, such as other locations, designs, construction techniques, etc: _____

Please list the reasons for not pursuing the alternative(s) listed above: _____

****Please see Section XXII. Administration and Enforcement, Item H. Variances within the town's Zoning Ordinance**

- ➡ Attendance by the applicant is strongly encouraged at both the Zoning Board of Appeals and Town Board meetings where action/approval is to take place. It is the policy of the Board of Appeals to give applicants the opportunity to speak at such meetings. Contact the Zoning Administrator for the dates of the meetings.
- ➡ The applicant/owner of the above parcel(s) hereby gives permission to the Town of Green Bay, its staff/employees, agents and/or appointees to enter the property for the purpose of executing their duties associated with this request and following proper notification to applicant/owner.
- ➡ Upon approval of request, check with the Town of Green Bay Zoning Administrator for any necessary permits.

4) Submittal Requirements

Each submittal shall consist of the following materials. Please note that ALL files MUST be submitted to the Town of Green Bay Zoning Administrator. Submittal will not be considered complete until the necessary fee is paid.

- 1) A full size plat of survey with pictures of the proposed property or building alteration
- 2) Completed Variance Request Application with fee
- 3) A copy of the tax receipt for correct legal description
- 4) A list of all adjoining property owners within 100' of property

5) Applicant Declarations

- ➡ The signer attests that the application has been completed accurately and all required materials have been submitted.
- ➡ Please note the application will NOT be accepted without the signature of the property owner.

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE SIGN APPROVAL REQUEST PROCEDURE AND FAILURE TO COMPLY WITH TOWN REQUIREMENTS WILL RESULT IN THIS APPLICATION BEING WITHHELD FROM CONSIDERATION.

_____ Signature of the Property Owner (required)	_____ Signature of the Applicant/Agent for the owner
_____ Print Name:	_____ Print Name:
_____ Date:	_____ Date:

Submit all documents to Town of Green Bay Zoning Administrator: **Email: greenbaytownzoning@gmail.com**
Phone: 920 288 2506

FOR OFFICE USE ONLY	
Submittal Date: _____	Staff Signature: _____
Fees Paid: Y / N	Application #: _____