

# Town of Oshkosh

## Variance Request Application

Check or Money Order payable to Town of Oshkosh Fee: \$450.00 receipt # \_\_\_\_\_ ID Number \_\_\_\_\_  
(Please print using black ink for duplication purposes)

**A.**

**1.) PROPERTY OWNER:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Permission is hereby granted for appropriate Town Staff to enter upon the property for the placement and removal of hearing notice sign, and conducting inspections prior to hearing. Said permission is to remain in force until the conclusion of the Public Hearing and is binding upon all heirs and assigns.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2.) APPLICANT INFORMATION (If different than owner):**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**B. PROPERTY INFORMATION:**

- 1.) Tax Key/Parcel #: \_\_\_\_\_
- 2.) Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ or CSM# \_\_\_\_\_  
Section \_\_\_\_\_ Town \_\_\_\_\_ North \_\_\_\_\_ Range \_\_\_\_\_ East Acres \_\_\_\_\_
- 3.) Location of Property: \_\_\_\_\_
- 4.) Zoning (Existing): \_\_\_\_\_ Zoning Proposed: \_\_\_\_\_
- 5.) Use (Existing): \_\_\_\_\_  
Use (Proposed): \_\_\_\_\_
- 6.) Existing Sewer: Septic \_\_\_\_\_ Mound \_\_\_\_\_ Holding Tank \_\_\_\_\_ Municipal \_\_\_\_\_ or Needed \_\_\_\_\_
- 7.) Proposed site plan included: \_\_\_\_\_

**C.) EXPLANATION:**

1.) Variance Requested From Zoning Ordinance Code: 16-\_\_ - \_\_, \_\_ \_\_ \_\_:

Short Description of Code: \_\_\_\_\_

Reason/Description \_\_\_\_\_

\_\_\_\_\_

2.) Describe the exceptional or extraordinary circumstances or conditions that apply to the lot or structure:

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

3.) Describe the hardship(s) that would result if the variance is NOT GRANTED:

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

4.) Describe how the variance WOULD NOT have adverse effects of surrounding properties:

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

**A Public Hearing will be set upon the receipt of this application V-100 form and payment, whereas the applicant will furnish necessary information to the Town Zoning Administrator for processing of this application.**

I ACCEPT THESE TERMS AND HEREBY SUBMIT THE APPLICATION FOR APPROVAL:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Print name: \_\_\_\_\_

Date Application Received by Zoning Administrator: \_\_\_\_\_

Zoning Administrator signature: \_\_\_\_\_

V-100 Variance

Property Owner: \_\_\_\_\_

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

Concerning property address: \_\_\_\_\_

**PUBLIC HEARING**

Date of Hearing: \_\_\_\_\_

Published Dates of public hearing (class 2 notice): \_\_\_\_\_

**BOARD OF APPEALS DECISION**

Date of Board of Appeals meeting(s): \_\_\_\_\_

Board of Appeals Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Appeals Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Decision Date: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

State reason(s) for findings. Including details of any stipulations or conditions:

\_\_\_\_\_  
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