

# Town of Oshkosh

## Variance Request Application

Check or Money Order payable to Town of Oshkosh Fee: \$450.00 receipt # \_\_\_\_\_ ID Number \_\_\_\_\_

**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 (yes or no): \_\_\_\_\_

**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 authorized Town Official or 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 authorized Town Official or Zoning Administrator: \_\_\_\_\_

Authorized Town Official or Zoning Administrator

signature: \_\_\_\_\_ Title: \_\_\_\_\_