

FEE: _____

LANGLADE COUNTY

LAND RECORDS AND REGULATIONS DEPT.

Resource Center 837 Clermont St. P.O. Box 505 Antigo, WI 54409-0505
Phone: (715) 627-6206 Fax: (715) 627-6281 Email: landrecords@co.langlade.wi.us

PETITION FOR GRANT OF VARIANCE

PERMIT # _____

OWNER

TELEPHONE

ADDRESS

CITY

STATE

ZIP

NAME OF CONTRACTOR/BUILDER/AGENT

ADDRESS

TELEPHONE

Gov't. Lot ____, _____ 1/4 _____ 1/4, Section _____ T _____ N, R _____ E Town of _____
Subdivision or CSM _____ Lot _____ Block _____ Parcel # _____
Zoning District _____ Lot Area _____ Sq. Ft. or Acres _____

TO THE LANGLADE COUNTY BOARD OF ADJUSTMENT;

Please take notice that the undersigned was refused a permit by Langlade County Land Records & Regulations Department, for the alterations, repairs or construction of: (Please check one)

New Building

Residence _____
Res/Att. Garage _____
Garage _____
Manuf. Home _____
Deck/Porch _____

Addition:

Residential _____
Commercial _____
Satellite Dish _____
Other Bldg. _____
(Specify)

At the property described above in Langlade County, Wisconsin for the reason that the application failed to comply with the Zoning Ordinance with respect to: (Check one)

Setback to water _____
Setback to side lot line _____
Setback to road ROW _____

Minimum lot size _____
Setback to other bldgs _____
Other _____

VARIANCE REQUEST:

Pursuant to Section(s) _____

The petitioner herewith seeks a variance from the provisions of the Langlade County Zoning Ordinance because: _____

The applicant or agent must be present at the hearing and must provide a plan showing all proposed and existing buildings, existing setbacks, sanitary systems, wells, etc. The undersigned hereby attests that the above state information is true and accurate.

Signature of Owner or Agent

Date

For Office Use Only

Approved Date: _____, 20__
 Denied Date: _____, 20__
 Tabled Date: _____, 20__

Date Filed _____, 20__
Published _____, 20__
Hearing Date _____, 20__

Conditions of Approval _____