



 BOARD OF APPEALS

(Variance requests)

APPLICATION FEE $150.00

(If this application is denied the Village retains $100 and refunds $50)

APPLICANT NAME(s):

APPLICANT ADDRESS:

TELEPHONE No. DATE:

SITE OWNER, IF DIFFERENT FROM APPLICANT(s):

ADDRESS OF SITE OWNER(s):

TELEPHONE No.

CONTRACTOR, IF APPLICABLE:

CONTRACTOR, ADDRESS:

TELEPHONE No. INSURANCE COMPANY:

DESCRIPTION OF SUBJECT SITE:

Legal Description:

Address:

Explain the Variance or Administrative Appeal being requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reasons why the applicant cannot comply with the ordinance requirements (variance) OR why you believe a prior administrative decision is incorrect (attach additional comments or information if necessary)

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FOR VARIANCE: Draw or attach copy of site plan drawn to scale showing there a variance is being requested.

A public hearing will be held for consideration of this application and all property owners within 200 ft. will be notified of said hearing.

I, hereby, certify that the information provided is true and correct.

 Date Applicant:

 Applicant:

 Applicant:

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Date Application Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled Hearing Date:

Approved by Zoning Board of Appeals :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Village Clerk

Sensitive To The Past " Planning For The Future