

**VILLAGE OF ELK MOUND
ZONING BOARD OF APPEALS
APPLICATION FOR VARIANCE**

This application is submitted pursuant to the Village of Elk Mound Ordinances, Section 13-1-193 Variances:

Applicant Name: _____

Company: _____

Address: _____

Phone: _____

Additional Applicant Name: _____

Company: _____

Address: _____

Phone: _____

Describe the structure, land or water to be affected:

List the reasons justifying the application: _____

Specify the proposed use: _____

To comply with section (b) Applications, a site plan showing an accurate depiction of the property is attached.

Legal description of property as follows:

I hereby certify that I am the owner or authorized agent of the owner of the property:

Applicant Signature

Date

FOR OFFICE USE ONLY:

Date Received: _____

Fee Paid: _____

Zoning Appeals Hearing Date: _____

Result: _____

Village Board Hearing Date: _____

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RETURN TO: Patricia A. Hahn, Clerk/Treasurer, Village of Elk Mound
PO Box 188, Elk Mound, WI 54739
Phone: 715-879-5011, Fax: 715-879-5851