ZONING BOARD OF APPEALS

City of Marshfield
Dept. of Planning & Economic Development
P.O. Box 727
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Marshfield, WI 54449-0727
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Variance Request Application

Fee: $200.00

Office use only
Date rec'd / by _____
Fee/Receipt No._____

Applicant Name: _____ Phone:_____ Fax_____
Address: _____ City, State/ Zip:_____

The Applicant is ☐Owner ☐Authorized Representative/Other (DESCRIBE)_____

Property Owner (If different From Applicant)	Name_____ Phone _____ Address _____ Fax _____ City _____ State ___ Zip Code _____
Property Details	Address: _____ Legal Description or Tax Parcel ID Number: _____ _____ _____ Zoning District: _____ Lot Area: _____(Sq. ft.) Lot Dimensions: _____x_____ft. Current use(s) & Improvements: _____

Variance Request (please provide additional pages if necessary):

Terms of Ordinance (requirement & section #) **This Item to be completed by Zoning Administrator***

_____
_____
_____
_____

Variance Requested ** To be completed by applicant**

_____
_____
_____
_____
_____

Statement of Hardship
A variance can be approved if a hardship specific to the property prevents compliance with zoning regulations. A hardship is created by a physical condition of the property such as a steep slope, irregular lot lines, or the unusual placement of an existing structure. The desire for an exception to zoning regulations as a matter of personal preference or convenience is not considered a hardship.

Variance Criteria: Address the variance criteria described in the Zoning Ordinance, Sect. 18-35 (2), by answering the following questions: (*attach additional pages if necessary)*

1) Identify any special circumstances, features or physical conditions applying to the property:

_____
_____
_____
_____

2) Identify how such circumstances, features or conditions result in undue hardship and deprive the property owner of reasonable use of property.

_____
_____
_____
_____

3) Describe how this variance will not be detrimental or contrary to public interest:

_____
_____
_____

Documentation Submitted ☐ Site Plan (**Required**) ☐ Survey ☐ Photos ☐ Filing Fee $200.00

APPLICANT (OR SOMEONE REPRESENTING APPLICANT) MUST BE PRESENT AT THE PUBLIC HEARING

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NOTE: The Zoning Board of Appeals' review of this application is a quasi-judicial proceeding. You will have an opportunity to present information to the Board in favor of your application at a public hearing. It is not appropriate to contact individual Board members in advance regarding a pending decision. Please file any written communication about your application with the Zoning Administrator and direct additional copies to Board members and other persons who have registered an interest in your application.

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APPEAL OF BOARD DECISIONS: A decision of the Board may be appealed to Wood or Marathon County Circuit Court within 30 days after the decision. Applicants commencing construction prior to expiration of the 30-day appeal period assume any risk of having the Board decision overturned.

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AUTHORIZATION

The undersigned hereby certifies that this application has been made with the consent of the property owner(s) and that all information submitted with this application is complete and accurate to the best of knowledge. This application also authorizes City representatives and members of the Zoning Board of Appeals to visit and photograph the property in order to process the application.

_____

Authorized Signature Date