



VILLAGE OF GRANTSBURG

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Start here.

VARIANCE APPLICATION

OWNER'S NAME:	MAILING ADDRESS:	TELEPHONE:
APPLICANT NAME (IF DIFFERENT FROM OWNER):	MAILING ADDRESS:	TELEPHONE:

LEGAL DESCRIPTION OF PROPERTY:

LOT AREA & DIMENSIONS:

PARCEL ID NUMBER: 07-131-2-38-19- _____ - _____ - _____ - _____

ZONING DISTRICT: R-1 R-2 R-3 R-4 B-1 B-2 B-3 I-1 A-1 A-2 PUD

EXISTING USE: _____

VARIANCE REQUESTED:

Address each of the following criteria for granting of a variance and attach a map of your site and detailed plans. (ATTACH ADDITIONAL PAGES IF NECESSARY):

- Unnecessary hardship
- Hardship due to unique physical limitations of the property
- No harm to public interest

I understand the fee of \$300 is due at the time of application and this amount is not refundable if my application is denied.

Applicant Signature

Date

Property Owner Signature (required if different from applicant)

Date

For Office Use Only

DATE APPLICATION RECIEVED: _____ DATE PAID: _____

DATE VARIANCE APPLICATION GRANTED / DENIED: _____