TOWN OF PLYMOUTH ADDRESS: 8219 W High St.

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Orfordville, WI 53576

TOWN OF PLYMOUTH

VARIANCE – APPLICATION FORM																															
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TOWN USE ONLY

Application Number:

Received By – Date (MM/DD/YYYY):

Variance – APPLICATION FORM

1. Type of Variance

Area variances provide an increment of relief (normally small) from a physical dimensional restriction such as a building height or setback.

ROCK COUNTY

Use variances permit a landowner to put a property to an otherwise prohibited use. Use variances are prohibited in shoreland zoning.

2. Describe variance request. Attached a sketch if applicable.

3. To qualify for a variance, an applicant has the burden of proof to demonstrate that they meet all three variance standards

3a. Unnecessary hardship - Unnecessary hardship is present when compliance with the ordinance would do one of two things:

• Unreasonably prevent the owner from using the property for a permitted purpose. For example, if a lot is zoned

- residential, would complying with the ordinance prevent the lot from being used for a home.
- be unnecessarily burdensome in view of ordinance purposes

3b. Conditions unique to the property Conditions unique to the property such as steep slopes or wetlands must prevent compliance with the ordinance. If an alternative location exists on the property that would not require a variance, this standard is not met. Not every small or steep property meets this standard.

3c. No harm to the public interests A variance granted may not harm public interests. "Public interests" are the purpose and intent of the ordinance that were adopted by the elected officials representing the community.

	APPLICANT	INFORMATIC	DN									
4. LANDOWNER OR AUTHORIZ	ZED LANDOWNER REPRESENT	ATIVE										
a. Name:				Telephone:								
Address:		City:		State:	Zip:							
b. Name:				Telephone:								
Address:		City:		State:	Zip:							
E-mail address:				· · · ·								
5. AGENT (SURVEYOR AND DE	VELOPER)											
a. Surveyor name:				Telephone:								
Address:		City:		State:	Zip:							
b. Developer name:				Telephone:								
Address:		City:		State:	Zip:							
E-mail address:												
6. Please identify the individual from 4. or 5. that will serve as the primary contact: 4a. 4b. 5a. 5b.												
Variance INFORMATION												
7. Variance location:	Town of Plymouth		1	1/4 of 1/4								
	Section		Tax parcel nun	el number(s) -								
8. Variance is located adjacen		ock County highw	yav 🗌 Stati	e highway	U.S. highway							
9. Landowner's contiguous pro	ea (Square feet											
(Square feet or acres):												
APPLICANT STATEMENT AND SIGNATURE I, as the undersigned, am a landowner applying for a variance in the Town of Plymouth in unincorporated Rock County, or am serving as												
the primary contact for said landowner. I do hereby verify that I have reviewed the TOWN OF PLYMOUTH VARIANCE – APPLICATION												
FORM INFORMATION, reviewed and completed this application form, and submitted all information as required per said documents, and												
that all information is correct, accurate, and true to the best of my knowledge and belief, with all information accessible to me. These statements are being made to induce official action on the part of the Town of Plymouth, its agents, employees, and officials.												
LANDOWNER/PRIMARY CONTAC	· · ·											
	I SIGNATORE.			DATE:								

THANK YOU FOR COMPLETING THE *TOWN OF PLYMOUTH APPLICATION FORM*. PLEASE PROVIDE ADDITONL PAGES AS NEEDED.