

Town of West Bend - Washington County, Wisconsin
APPLICATION for APPEAL or VARIANCE

An Application for Appeal or Variance must be filed with the Zoning Board of Appeals within 30 days of the decision notification.

Name of Property Owner: _____

Address: _____

Phone: _____ Email: _____

Name of Applicant (if different from Property Owner): _____

Address: _____

Phone: _____ Email: _____

Appeal / Variance Requested:

The Applicant, being aggrieved by the decision of the Town Board, Plan Commission, Building Inspector, Zoning Administrator, or Other Officer of the Town was (check one):

___ Denied approval of a requested zoning change on: _____ (date)

___ Denied approval of a requested site plan on: _____ (date)

___ Issued an order or notice of violation on: _____ (date)

___ Denied the issuance of a building permit on: _____ (date)

Makes this appeal for the following purpose (check one):

___ To seek a variance from the requirements of Section(s) _____ of Chapter 17: Zoning Regulations of the West Bend Town Code.

___ To determine whether the order, requirements, decision, or determination of the Plan Commission, Zoning Administrator, Building Inspector, or Other Office of the Town is in error.

___ To obtain an interpretation of Section(s) _____ of Chapter 17: Zoning Regulations of the West Bend Town Code.

___ To obtain an interpretation of the location of the boundaries of the _____ zoning district in Section _____ of the Town of West Bend.

Property Description:

Address: _____

Tax Key #(s) _____ Current Zoning: _____

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The Applicant requests that the appeal be granted for the following reasons:

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

(if additional reasons, please attach as separate sheet)

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Application Checklist:

(This Application shall be completed in full. The Town of West Bend shall not accept any Application for Appeal or Variance until all of the information below, as required under Chapter 17.13.03 of the Zoning Ordinance, is submitted as attachment to this Application. Please confirm inclusion of the required information by checking each item below).

___ Name and Address of all abutting and opposite property owners of record.

___ Plat of Survey prepared by a registered land surveyor showing all of the information required for a Building Permit.

___ Additional Information as may be required by the Zoning Board of Appeals.

As per Chapter 17.12.07, No variance to the provisions of this Chapter shall be granted by the Board unless it finds by the preponderance of evidence presented that all the following facts and conditions exist and so indicates such in the minutes of its proceedings.

- A. Preservation of Intent. No variance shall be granted that is not consistent with the purpose and intent of the regulations for the District in which the development is located. No variance shall have the effect of permitting a use in any District that is not a stated Permitted Use, Accessory Use or Conditional Use in that particular District.
- B. Exceptional Circumstances There must be exceptional, extraordinary, or unusual circumstances or conditions applying to the lot or parcel, structure, use or intended use that do not apply generally to other properties of uses in the same District and the granting of the variance would not be of so general or recurrent nature as to suggest that this Chapter should be changed.
- C. Economic Hardship and Self-Imposed Hardship Not Grounds for Variance. No variance shall be granted solely on the basis of economic gain or loss. Self-imposed hardships shall not be considered as grounds for the granting of a variance.
- D. Preservation of Property Rights. The variance must be necessary for the preservation and enjoyment of substantial property rights possessed by other properties in the same District and same vicinity.
- E. Absence of Detriment. No variance shall be granted that will create substantial detriment to adjacent property and will materially impair or be contrary to the purpose and spirit of this Chapter or the public interest.

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Application Fee:
(\$500.00)

Check Number: _____

Amount: _____

Applicant Signature: _____ Date: _____

Town Clerk Signature: _____ Date: _____

Professional Services Fee:

The Town of West Bend has determined that whenever the services of the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff, as well as outside legal, planning, engineering, and other professional and technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such services fees incurred by the Town to the property owner even if the request is not approved.

I have been advised that if the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff provides services to the town because of my activities, or outside legal, planning, engineering, and other professional and technical advice is required, whether at my request or the request of the Town, I shall be responsible for the fees incurred by the Town, even if my request is not approved.

Owner Signature: _____ Date: _____