

Town of Calumet

Application for Variance Board of Appeals

Meetings held the 3rd Thursday of the month

Applications due 60 days prior to meeting date

Fee of \$400 Payable with application, payable to Town of Calumet, PO Box 92, Malone, WI 53049

Property Owner(s): _____

Address: _____

Address of Property: _____

Tax Identification Parcel #: _____

What section of the Town of Calumet Zoning Ordinance does this variance request pertain to? _____

Description of Request: _____

Other information pertaining to the variance request:

The following documents must be submitted with this APPLICATION, in order to proceed with scheduling Board of Appeals meeting.

- 1. Six (6) copies of the application and map of property for which variance is requested (if applicable).**
- 2. Names and addresses of all owners of abutting land of the property for which the variance is being requested.**

Signature of Applicant (or designee) _____
Date

Applicant or Designee must be present at meeting to answer questions.

For Office Use Only

Date Received _____ **Received by** _____