

Town of Calumet

Application for Variance Board of Appeals

Hearings held the 3rd Thursday of the month

Applications due 30 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 _____