

REQUEST TO THE TOWN ZONING BOARD OF APPEALS

(Variance Requests)

Variance Requests are \$650 each plus \$25 per lot. Please make check payable to Town of Wrightstown and mail to Rick Gerbers, Zoning Administrator, 6816 Shanty Road, Greenleaf WI 54126, with this completed form.

APPELLANT

AGENT FOR APPLICANT

Name: _____

Name: _____

Address: _____

Address: _____

(City) _____ (State) (Zip) _____

(City) _____ (State) (Zip) _____

Phone: _____

Phone: _____

REQUEST (State briefly what is being requested and why)

PROPERTY LOCATION AND DESCRIPTION

Private Claim # _____, _____ 1/4, of the _____ 1/4, of Section _____,

T _____ N, _____ R _____ E, Town of _____

Area _____ Acres Legal Description of Property _____

Date: _____

(Signature of Appellant)

DISPOSITION

Date of Publishing _____

Date of Request _____

Committee Recommendation: _____

Date of Recommendation: _____

Town Board Action

Date of Action