



Board of Zoning Appeals Application

City of Port Washington
100 W Grand Avenue
Port Washington, WI 53074
Ph: (262) 284.2600 x1017
rharris@portwashingtonwi.gov

APPLICATION FEE: \$200.00

PROPERTY INFORMATION

Tax Key Identification Number: _____

Property Address: _____

Zoning District: _____

CONTACT INFORMATION

Applicant/Appellant is: Property Owner Owner's Agent Developer

Applicant/Appellant Name: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell phone: _____

E-mail address: _____

PREVIOUS REQUESTED ZONING BOARD OF APPEAL

Has a previous appeal or application been made with respect to this property?

YES ____ NO ____ If "Yes", state the nature of the previous appeal or application

_____.

Status /Ruling of previous appeal: _____

Date of decision in previous case ____/____/____

PURPOSE AND GROUNDS OF APPEAL OR APPLICATION

Check below for the relief requested by this application:

Request for interpretation of Zoning Ordinance and reversal of order, requirement, decision, or determination of administrative official. Attach separate sheet giving reasons why you claim this order, requirement, decision, or determination is erroneous.

Request for variance / What is the variance being requested? (**Note, all criteria listed below must be met in order for a variance to be granted**):

- 1) What special conditions exist unique to the property which will cause practical difficulty or unnecessary hardship if the variance requested is not granted (rather than considerations personal to the property owner, and that the unnecessary hardship was not created by the property owner)
- 2) Why variance requested is not contrary to the public interest and will not endanger public safety and welfare
- 3) Why variance requested will be in accord with the spirit of the Zoning Ordinance
- 4) How the variance, if granted, will cause substantial justice to be done

Other

REQUIRED SIGNATURE(S) FOR ALL APPLICATIONS

I hereby certify that all statements, forms, and attachments submitted hereto are true and correct to the best of my knowledge and belief:

Appellant's Signature

Date

Appellant's Signature

Date

OTHER REQUIRED APPLICABLE SIGNATURES I hereby certify that all statements, forms, and attachments submitted hereto are true and correct to the best of my knowledge and belief:

Owner's Signature

Date

No item will be placed on an agenda unless all required plans are submitted and the fees paid by the submittal deadline. Submittals are due to the Planning Department no later than 4:00 p.m. on the day of the submittal deadline. No submittal is complete until application is signed below by Planning and Development Staff.

Application fee paid on: _____ By Check No.: _____ Received by: _____
Application fee: \$ _____ Notes _____
Community Development Department Staff's Signature: _____

ZONING BOARD OF APPEALS SUBMITTAL REQUIREMENTS

- Completed Application and Fee

- Scale drawing of the property under review including location, size, existing improvements, all abutting properties and improvements, proposed building (if applicable)

SUBMITTAL FORMAT

- Staff Review Submittal (provide for Staff review at time of application)
 - One 11x17 size set of all materials and plans
 - Digital PDF of all materials and plans

- Plan Commission Submittal (provide one week in advance of meeting)
 - Digital PDF of all materials and plans