

Type _____ Date Filed _____ Hearing _____

Fees\$ _____ Date Paid _____ Receipt # _____

**CITY OF WAUSEON
ZONING BOARD OF APPEALS
REQUEST FOR A VARIANCE OR APPEAL**

Location _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Describe variance request or appeal:

Are there any deed restrictions that would prohibit a variance or construction of proposed project? _____

Are there any utility easements on or surrounding your property? _____

If so, please explain. _____

Owner's Signature

Date

OFFICE USE ONLY

VARIANCE \$200.00

APPEAL \$150.00

TYPE _____ DATE FILED _____ HEARING _____

FEES \$ _____ DATE PAID _____ RECEIPT # _____

ACTION OF BOARD

MOTION _____ / _____

VOTE _____

CHAIRMAN

DATE

CODE ADMINISTRATOR

DATE