

Town of Winchester, County of Winnebago, State of Wisconsin

**APPLICATION for
APPEAL or VARIANCE**

Date: _____

The Applicant, being aggrieved by the decision of the Plan Commission, Zoning Administrator, and/or Building Inspector (check one):

(Appeals and requests for Variances must be filed with the Zoning Board of Appeals within 30 days of the decision notification).

_____ Denied the issuance of a zoning permit on: _____ (date)

_____ Issued an order or notice of violation on: _____ (date)

_____ Denied the issuance of a building permit on: _____ (date)

Makes this appeal for the following purpose (check one):

_____ **To seek a variance from the requirements of Section(s) _____ of Chapter 17: Zoning Regulations of the Winchester Town Code.**

_____ **To determine whether the order, requirements, decision, or determination of the Plan Commission, Zoning Administrator, and/or Building Inspector is in error.**

_____ **To obtain an interpretation of Section(s) _____ of Chapter 17: Zoning Regulations of the Winchester Town Code.**

_____ **To obtain an interpretation of the location of the boundaries of the _____ zoning district in Section _____ of the Town of Winchester.**

The property which is the subject of this appeal is described as follows:

Address: _____

Legal Description (use one):

a. Lot _____ of Block _____ of _____ Subdivision.

b. Certified Survey Map Number: _____

c. Metes and Bounds description attached.

Tax Key Number: _____ **Zoning Classification:** _____

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Appellant or Applicant Contact Information:

Name: _____

Address: _____

Phone: _____ **Email:** _____

The applicant requests that the appeal be granted for the following reasons: _____

Attached is a plat of survey prepared by a registered land surveyor, or a location of a sketch drawn to scale, showing all required information (only if building permits are required).

Attached is a list of the names and addresses of the owners of all property which is located within 300 feet of the property if located in a sanitary district or within 500 feet of the property if located outside a sanitary district

Application Fee:
(\$250.00)

Check Number: _____

Total Amount: _____

Appellant or Applicant Signature: _____

Date: _____

Professional Services: *All costs of professional services such as legal, engineering, and planning review; research; recording fees; and traffic control costs related to any action initiated by a responsible party, other than the Town, to be reviewed or acted upon by the Town of Winchester Plan Commission, Board of Appeals, or Town Board shall pass to the responsible party.*

Return to Town Clerk, 8522 Park Way, Larsen, WI 54947. The Town of Winchester charges a fee of \$250 for each hearing, which shall be included when returning this application. This covers the cost of publishing notices, which the Town Clerk will handle, and other expenses.