

**APPLICATION FOR VARIANCE/APPEAL**

Address of property for which variance is requested: \_\_\_\_\_

Tax Key Number: \_\_\_\_\_

Owner Information:

Applicant Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
E-mail

Length of Ownership: \_\_\_\_\_

Choose One:  Variance  Appeal of Code Interpretation

Previous Appeal Date (if applicable): \_\_\_\_\_

Waukesha County Shoreland Jurisdiction (1000' of Lake or 300' of Stream):  Yes  No

Estimated Contractor Cost of Project: \_\_\_\_\_

**REQUIRED SUBMITTAL INFORMATION:**

- Completed Application
- Survey/Plot to include the following:
  - a. Existing structures.
  - b. Proposed structures.
  - c. Location and dimension of buildings on adjacent properties.**Note: All structures shown shall include dimensions, elevations and distance to lot lines.**
- Detailed plans of proposed construction, including floor plan and elevation views. Please include a **written** description of the proposed construction.
- Copy of most recent Tax Bill.
- Explanation, **in writing**, as to what **hardship or practical difficulty** the code is causing.  
**Note:** - Cost of project or financial reasons are not considered a hardship  
- Self-induced hardships are not considered a reason for granting a variance  
- Unnecessary hardships must relate to a unique condition affecting owner's land.  
- Granting of a variance due to hardship may not be contrary to public interest
- Eight (8) copies of all documents (preferred size to be no greater than 11" x 17")
- \$415.00 Fee

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PROPERTY INFORMATION:

Item	Existing	Proposed	For Office Use Only	
Zoning			<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
Present Use of Property			<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
Lot Size			<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
Lot Width			<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
Setback (Road Right-of-Way)			<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
Offset (Left Side)			<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
Offset (Right Side)			<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
Offset (Rear)			<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
Setback (Lakeshore)			<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
Offset (Wetland/Floodplain)			<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
Open Space			<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming

STRUCTURE INFORMATION:

Existing Structures						
	Type	Floor Area	Base Height	Overall Height	For Office Use Only	
1.					<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
2.					<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
3.					<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
Proposed Structures						
	Type	Floor Area	Base Height	Overall Height		
1.					<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
2.					<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming
3.					<input type="checkbox"/> Conforming	<input type="checkbox"/> Non-Conforming

VARIANCES REQUESTED:

From Section No. (Be Specific)	Amount of Variance	Description

TOWN OF DELAFIELD  
PROFESSIONAL STAFF/FEEES CHARGE BACK ACKNOWLEDGEMENT

PLEASE BE ADVISED

That pursuant to the Town of Delafield Code of Ordinances, The Town of Delafield Town Board has determined that whenever the services of the Town Attorney, Town Engineer or any other of the Town's professional staff results in a charge to the Town for that professional's time and services and such service is not a service supplied to the Town as a whole, the Town Clerk shall charge that service for the fees incurred by the Town. Also be advised that pursuant to the Town of Delafield code of Ordinances certain other fees, costs and charges are the responsibility of the property owner.

\*\*\*\*\*

I, the undersigned, have been advised that, pursuant to the Town of Delafield Code of Ordinances, if the Town Attorney, Town Engineer or any other town professional provides services to the Town as a result of my activities, whether at my request or at the request of the Town, I shall be responsible for the fees incurred by the Town. Also I have been advised that pursuant to the Town of Delafield Code of Ordinances certain other fees, costs and charges are my responsibility.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

Please print:

Property Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Form Received by: \_\_\_\_\_

Date: \_\_\_\_\_