CITY of BELOIT

Planning & Building Services Division

100 State Street, Beloit, WI 53511 Phone: (608) 364-6700 Fax: (608) 364-6609

Architectural Review Exception Application Form

(Pl	ease Type or Print)	File 1	File number:				
1.	Name of applicant:	Phone #:					
	(Address)	(City)	(State)	(Zip)			
2.	Address of subject property	:					
3.	Tax Parcel Number(s):						
4.	Legal description:						
5.	Present zoning:	Present use:					
6.	Proposed use (if different):						
	(Address)	(City)	(State)	(Zip)			
8.	Code from which relief is sought or exception is taken:						
	() Architectural Review	() Landscape Regulations					
9.	State specific sections of code and exception(s) re		iested: (Use separate sheet if necessary)				
10.	State specific hardship experienced by the applicant: (Use separate sheet if necessary)						
				(Continued on back)			

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City of Beloit	Architectura	al Review Exception	Application Form	(continued)				
11. In order for this application to be considered complete, the applicant must attach a scale drawing (1" = 20' usually works best) showing the location of property lines and their dimensions, existing buildings and improvements, all abutting properties and improvements thereon, and the proposed changes or additions. A professional drawing is not required. You are required to furnish a legible drawing with enough detail that will adequately advise and inform the Commission. The applicant's signature below indicates the information contained in this application and on all accompanying documents is true and correct.								
		/	/					
(Signature of Owner)			/					
(Signature of Applicant,	if different)	(Print name)		(Date)				
The applicant acknowledges that this application is not deemed filed until dated and receipt acknowledged by a person authorized to receive the application. The applicant is entitled to receive a copy of the acknowledged application once it is officially reviewed and accepted.								
Hearings are u	ısually held in (City Hall Forum, City	y Hall, 100 State Stre	et at 7:00 P.M.				
completed applica	tion to the Plann		in a timely manner, yo ces Division for accep ting.					
To be completed by Planning staff								
Filing fee: \$300.0	00 Amount paid	d: Meetin	g date:					
			Date:					

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