

CITY of BELOIT

Planning & Building Services Division

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

Board of Appeals Application Form

(Please Type or Print)

File Number: _____

1. Property Address: _____

2. Tax Parcel Number(s): _____

3. Legal description: Lot: _____ Block: _____ Subdivision: _____

If property has not been subdivided, attach a copy of the complete legal description.

4. Owner of record: _____ Phone: _____

(Address)

(City)

(State)

(Zip)

5. Applicant's Name: _____

(Address)

(City)

(State)

(Zip)

(Office Phone #)

(Cell Phone #)

(E-mail Address)

6. Present zoning: _____ Present use: _____

7. Proposed use (if different): _____

8. Purpose of application: () "Area" Variance () "Use" Variance

() Administrative Appeal () Administrative Appeal – Contested Case Proceedings

9. Code from which relief is sought or appeal is taken:

() Zoning Ordinance () Floodplain Ordinance

10. State specific sections of code and Variance(s) requested: (Use separate sheet if necessary)

11. State specific hardship experienced by the applicant: (Use separate sheet if necessary)

(Continued on back)

12. 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. You are required to furnish a legible drawing with enough detail that will adequately advise and inform the Board.

The applicant's signature below indicates the information contained in this application and on all accompanying documents is true and correct.

_____/_____/_____
(Signature of Applicant) (Print name) (Date)

The owner's signature below grants permission for the applicant to apply for the variance and permission for the Board of Appeals and City staff to inspect the subject building(s) and/or property.

_____/_____/_____
(Signature of Owner) (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 usually held in City Hall Forum, City Hall, 100 State Street at 7:00 P.M.

In order for your request to be heard and considered in a timely manner, you must submit the completed application and all accompanying documents to the Planning & Building Services Division for acceptance by the filing deadline date prior to a scheduled Board of Appeals meeting. This application must be submitted with the \$300.00 application fee. Applicants will also be charged a fee for mailing public notices at the rate of \$0.50 per notice. An invoice for this fee will be sent to the applicant, which is typically between \$5.00 and \$20.00.

To be completed by Planning Staff:

Filing fee: **\$300.00** Amount paid: _____ Meeting date: _____

Application accepted by: _____ Date: _____

No. of notices: _____ X mailing cost (\$0.50) = cost of mailing notices: \$ _____

Date Notice Published: _____ Date Notice Mailed: _____