

TOWN OF MILTON

ROCK COUNTY

TOWN OF MILTON
23 FIRST ST MILTON WI 53563
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www.townofmiltonrc.com

TOWN USE ONLY	
Application Number:	_____
Received By – Date (MM/DD/YYYY):	_____

Variance – APPLICATION FORM

1. Type of Variance

- Area variances provide an increment of relief (normally small) from a physical dimensional restriction such as a building height or setback.
- Use variances permit a landowner to put a property to an otherwise prohibited use. Use variances are prohibited in shoreland zoning.

2. Describe variance request. Attached a sketch if applicable.

3. To qualify for a variance, an applicant has the burden of proof to demonstrate that they meet all three variance standards

3a. Unnecessary hardship - Unnecessary hardship is present when compliance with the ordinance would do one of two things:

- Unreasonably prevent the owner from using the property for a permitted purpose. For example, if a lot is zoned residential, would complying with the ordinance prevent the lot from being used for a home.
- be unnecessarily burdensome in view of ordinance purposes

3b. Conditions unique to the property Conditions unique to the property such as steep slopes or wetlands must prevent compliance with the ordinance. If an alternative location exists on the property that would not require a variance, this standard is not met. Not every small or steep property meets this standard.

3c. No harm to the public interests A variance granted may not harm public interests. "Public interests" are the purpose and intent of the ordinance that were adopted by the elected officials representing the community.

APPLICANT INFORMATION

4. LANDOWNER OR AUTHORIZED LANDOWNER REPRESENTATIVE

a. Name:		Telephone:	
Address:	City:	State:	Zip:
b. Name:		Telephone:	
Address:	City:	State:	Zip:
E-mail address:			

5. AGENT (SURVEYOR AND DEVELOPER)

a. Surveyor name:		Telephone:	
Address:	City:	State:	Zip:
b. Developer name:		Telephone:	
Address:	City:	State:	Zip:
E-mail address:			

6. Please identify the individual from 4. or 5. that will serve as the primary contact: **4a.** **4b.** **5a.** **5b.**

Variance INFORMATION

7. /variance location:	Town of	1/4 of	1/4
	Section	Tax parcel number(s) -	
8. variance is located adjacent to (check all that apply):			
<input type="checkbox"/> Local/Town road <input type="checkbox"/> Rock County highway <input type="checkbox"/> State highway <input type="checkbox"/> U.S. highway			
9. Landowner's contiguous property area		10. Variance area (Square feet or acres):	
(Square feet or acres):			

APPLICANT STATEMENT AND SIGNATURE

I, as the undersigned, am a landowner applying for are-a variance the Town of Milton, in unincorporated Rock County, or am serving as the primary contact for said landowner. I do hereby verify that I have reviewed the Town of Milton *VARIANCE – APPLICATION FORM INFORMATION*, reviewed and completed this application form, and submitted all information as required per said documents, and that all information is correct, accurate, and true to the best of my knowledge and belief, with all information accessible to me. These statements are being made to induce official action on the part of the Town of Milton, its agents, employees, and officials.

LANDOWNER/PRIMARY CONTACT SIGNATURE:

DATE: _____

THANK YOU FOR COMPLETING THE *Town of Milton APPLICATION FORM*. PLEASE PROVIDE ADDITONL PAGES AS NEEDED.