Application	ı #
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## TOWN OF LITTLE SUAMICO

## PETITION FOR VARIANCE

**Note:** In order to avoid any delays, please complete all parts of this application. Incomplete applications will not be processed.

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Owner:	First Name	Phone #	
Address  If you wish to appoint an agent to spe	City cak at the hearing, please complete the follow	State & Zip	
Agent: Last Name	First Name	Phone #	
Address	City	State & Zip	
	Property Information		
Parcel No	Physical Address		
Location (Gov. Lot or	_ ¼ ,¼), Section, TN, R_	E, Town of	
Subdivision (CSM - Vol. & Page	, Lot ) or (Plat Name	, Block, Lot)	
Current Zoning			
	Variance Information		
Variance request to Section(s)Oconto CountyOrdinance			
Provide description of proposal:			
Please check the type(s) of setback(s) you are applying for a variance from:  Side Lot (Left) Side Lot (Right) Road (Centerline) Rear Yard Ordinary High Water Mark* Other (i.e. Height standard)	Please enter the distance the proposed structure will be from each of the following at its closest point: Side Lot (Left) Side Lot (Right) Road (Centerline) Rear Yard Ordinary High Water Mark* Other	Please enter the distance the existing structure is from each of the following at its closest point: Side Lot (Left) Side Lot (Right) Road (Centerline) Rear Yard Ordinary High Water Mark* Other	
* Measured to Overhang/eaves	* Measured to Overhang/eaves	* Measured to Overhang/eaves	
<ul> <li>✓ A <u>survey from a registere</u> closest point from side an</li> </ul>	order for the application to be processed:  ed surveyor showing the proposed and existing some distance of the description of t	terline, the existing septic system (both the	
I certify that the information I have provide Property Owner Signature	ded in this application is true and accurate. Prope	erty owner signature is <u>required.</u>	
Agent Signature	Date		