Mayville Planning Commission Variance Application Form

PLEASE CHECK ONE OF THE FOLLOWING FOR THE VARIANCE REQUEST APPLICATION:

_____ Planning Commission  _____ Use variance
_____ Zoning Board of Appeals  _____ Dimensional Variance
_____ Village of Mayville  _____ Conceptual Review

APPLICANT / AGENT* ________________________ __________________________ PHONE NUMBER _______________

MAILING ADDRESS ______________________________________________________

E-MAIL ___________________________________________ FAX _______________________

OWNER __________________________ PHONE NUMBER __________________

MAILING ADDRESS __________________________________________

E-MAIL ___________________________________________ FAX _______________________

*All Village correspondence will be with the applicant/agent only

LOT INFORMATION

PARCEL ID # _______________ TAX ID # __________________

PROPERTY ADDRESS LEGAL DESCRIPTION
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

LOT _____________ BLOCK ____ SUBDIVISION __________________________

SECTION _______ TOWNSHIP _______________ RANGE _______________ ACRES ______

CURRENT ZONING _______________________________________________________________________

VARIANCE INFORMATION

Please read the variance review criteria on the following page, before you complete the description and
justification information below. Each request for a variance shall be consistent with the adopted variance review
criteria.

DESCRIPTION OF REQUESTED VARIANCE ____________________________________________

_________________________________________________________________________________

JUSTIFICATION OF REQUESTED VARIANCE ____________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

CONCEPTUAL REVIEW

Have we answered all your questions? ____________________________________________

Is there anything else we can help you with? __________________________________________

Mayville Planning Commission approved 10-20-2021  Mayville Village Council approved 11-16-2021
Variance review criteria. The Zoning Administrator, Planning Commission, ZBA or Village Council shall be permitted to approve, approve with conditions or deny a request for a variance. Each request for a variance shall be consistent with the following criteria:
1. Limitations on the use of the property due to physical, topographical and geologic features.
2. The grant of the variance will not grant any special privilege to the property owner.
3. The applicant can demonstrate that without a variance there can be no reasonable use of the property.
4. The grant of the variance is not based solely on economic reasons.
5. The necessity for the variance was not created by the property owner.
6. The variance requested is the minimum variance necessary to allow reasonable use of the property.
7. The grant of the variance will not be injurious to the public health, safety or welfare.
8. The property subject to the variance request possesses one or more unique characteristics generally not applicable to similarly situated properties.

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. THE GRANTING OF THIS PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE OR LOCAL LAW.

Signature of Applicant / Agent Date

Signature of Owner / Date

*OFFICE USE ONLY BELOW THIS LINE*

APPLICATION REVIEW
☐ Application Complete
☐ Fees Paid
☐ Submit to Zoning Administrator for consideration and recommendation
☐ Submit to ZBA for consideration and recommendation
☐ Submit to the Planning & Zoning Commission for consideration and recommendation
☐ Set hearing date with Village Council
☐ Mail certified letters to neighboring property owners within 300 feet, 10 days prior to hearing date
☐ Conduct hearing with Village Council
☐ Scan documents to address file

ZONING ADMINISTRATOR Meeting Date ________________ Action ________________
Notes: __________________________________________________________________________

PLANNING & ZONING COMMISSION Meeting Date ________________ Action ________________
Notes: __________________________________________________________________________

ZBA Meeting Date ________________ Action ________________
Notes: __________________________________________________________________________

VILLAGE COUNCIL Meeting Date ________________ Action ________________
Notes: __________________________________________________________________________
Application Fee $ __________ Date Paid ___________ Cash/MO#/Check# __________ Receipt # ___________