

Village of Belleville Variance Application

BOX 1 - CONTACT INFORMATION	
Name	Company Name (if Applicable)
Address	City / State / Zip
Work Phone	Home or Cell Phone
Email	Fax
Best way to reach me is: <input type="checkbox"/> Phone <input type="checkbox"/> Email	I am the: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Representative
Signature:	Date:
BOX 2 - PROCEDURE	
Pick up application. Read through expectations.	<input type="checkbox"/>
Meet with zoning inspector.	<input type="checkbox"/>
Complete application, submittals and pay fees.	<input type="checkbox"/>
Clerk will notify public, and property owners within 100' and set meeting date.	<input type="checkbox"/>
Attend Board of Appeals meeting at which application will be considered.	<input type="checkbox"/>
Board of Appeals meeting held. Date: _____	<input type="checkbox"/>
BOX 3 - REFERENCE MATERIALS - www.bellevillewi.org	
Ordinance 20-2 Zoning Board of Appeals	
BOX 4 - SUBMITTALS	
<input type="checkbox"/> Letter of Intent: Required	
Letter of intent should describe, in detail, what the variance is for. Include the purpose for the request, construction schedules, names of people involved (applicant, owner, contractor, architect, landscaper, business manager). Include physical information on the size and layout of the site, as well as proximity to the streets and surrounding buildings. Include expected construction schedule. Include any additional information that you wish to submit in support of the requested action.	
This is a: <input type="checkbox"/> Use Variance <input type="checkbox"/> Area Variance	
BOX 5 - RETURN THIS FORM TO:	
Mail: 24 W. Main Street, P.O. Box 79, Belleville WI 53508	Email: info@villageofbelleville.com
Fax: 608-424-3423	Questions: 608-424-3341
Drop Box: At 24 W. Main Street, 24 hours/day	
BOX 6 - APPROVALS	
Your request has been:	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Approved with these Conditions:
Permit approved by: _____	
BOX 7 - OFFICE USE ONLY	
Date Received:	By: _____
Notification mailed on:	By: _____
Referred to: <input type="checkbox"/> Zoning Inspector <input type="checkbox"/> ZBA	Fee: \$ 250.00 <input type="checkbox"/> Paid Check # _____
Action / Recommendations / Instructions:	
Code Reference: _____	Parcel #: _____