

Village of Birchwood
PO BOX 6
101 N. Main Street
Birchwood, WI 54817



Phone: (715) 354-3300
Fax: (715)354-7500
ashley@birchwoodvillagewi.com

Village of Birchwood Variance or Appeal

Current Date: _____ Application for: Variance ___ Appeal ___

Owner or Agent: _____

(if acting agent, attache letter authorizing agent authority)

Address: _____

Phone: _____ Email: _____

Description of the Subject Site

Parcel ID# _____ Physical Address: _____

Legal Description:

Lot Size: _____ Zoning District Classification: _____

Description of Existing Operation or Use:

Variance Requested

Specify Reason for Hardship or Petition for Appeal:

Attachments - plot plans showing the area involved, its location, dimensions, and location of adjacent structures.
Additional Information as may be required by the Planning Commission or Building/Zoning Administrator.

Signed by: _____ Date: _____

(applicant or applicants agent)

OFFICE USE ONLY

Received _____ (Date) Petition # _____

Paid Amount _____ Receipt # _____

Hearing publication dates _____ and Hearing Date _____

Notices mailed to property owners within 300 feet _____ (Date)

Packets sent to Board of Appeals members _____ (Date)

Administration Fee: \$25.00

Variance: \$300/application