



Planning and Zoning Department
 1156 Alpine Drive
 Nekoosa, WI 54457 zoning@romewi.gov
 Phone: 715 325 - 8019
 Fax: 715 325 - 8035 www.romewi.gov

PETITION FOR ZONING VARIANCE

FEE: \$350.00⁽¹⁾

⁽¹⁾ If the applicant does not appear or is not represented at the public hearing, the petition shall be tabled and the applicant shall pay another application fee to reschedule the hearing.

Office use:
 File # _____ Date received _____
 Fee \$ _____ Check # _____
 Parcel # _____ Total acres (sq. ft.) _____

Attach plot plan or location sketch showing the entire land parcel including the location, boundaries, uses and sizes of the following: subject site, portion to be rezoned, existing and proposed structures, street rights-of-way, easements, alleys, off-street parking, loading areas, road access points, driveways and all other pertinent features.

Applicant:

Name of Owner _____
 Mailing Address _____

 Phone _____

Property Location / Description:

_____ ¼ _____ ¼ Sec. _____ T _____ N R _____ E
 Lot _____ Block _____ Addition _____
 Subdivision or CSM _____
 Address _____

Current zoning and use:

The **total** area of the property is _____ acres and is currently zoned as: _____ district of the Rome Zoning Ordinance.

Current use is: _____

Proposed variance and use:

Ordinance section requested variance from:

Proposed use is: _____

Proposed variance conforms to the purpose, intent, spirit and regulations of the zoning ordinance because: _____

⁽²⁾ Signature grants consent for Dept. staff and Board of Appeals members to enter premises, furthermore, the undersigned hereby applies for the ordinance change requested above and states that the information on this application and the attached plot plan are accurate. The application must be signed by all property owners of record. If an agent is to sign the application, written proof of authority is required to accompany the application. If the property is in a Trust, the Trustee must sign the application, provide proof of authority and the names and addresses of all those with a beneficial interest in the Trust. If needed, obtain a **TRUST INFORMATION form** from the Zoning Department. The application must be complete including an address and phone number where someone can be reached for questions or information.

Landowner signature⁽²⁾

Date

Office notes: _____



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Owner name _____

Address _____

Parcel # _____

Variance Auxiliary Questionnaire

Current Use & Improvements:

Description of any prior petition for appeal, variance or conditional use:

Description and location of all nonconforming structures and uses on the property:

Ordinance standard from which variance is being sought (section number and test):

Describe the variance requested:

Type of variance requested:

_____ Use Variance – permits a landowner to put a property to an otherwise prohibited use

_____ Area Variance – provides an increment of relief (normally small) from a physical dimensional restriction such as a building height or setback

Describe the effects on the property if the variance is not granted:

Owner name _____ Address _____ Parcel # _____

Three-Step Test

To qualify for a variance, the applicant must demonstrate that their property meets the following three requirements.

1. Unique property limitations – The hardship is based on a physical limitation unique to the property and not shared by other properties, as distinguished from a mere inconvenience.
2. Unnecessary hardship – The hardship is not self-created
3. No Harm to Public Interests – The variance is not contrary to the public interest