

W2004 County Road S - PO Box 1007 - Freedom, WI 54131 920-788-4548 phone - 920-788-7550 fax deputyclerk@townoffreedom.org - www.townoffreedom.org

Variance – Zoning Ordinance Application (Submit 15 copies of Drawings)

Property Owner (s):				
Address/City/Zip:				
Phone:	Fax:		E-Mail:	
Applicant (if other tl	nan Owner): _			
Check: Architect	_ Engineer	_ Surveyor	_ Attorney	Agent
Address/City/Zip:				
Phone:	Fax:		E-Mail:	
I/we certify the attached d	rawings are to the	best of my/our know	vledge complete an	nd drawn in accordance with all codes.
Owner Signature:			Dat	e:
Applicant Signature:	Date:			
Variance Specifics:				
Tax Key No.(s):				
Address of Property:				
Existing Zoning:				
any adjacent stru	n to scale, show ctures existing cts listing the sp	within 300 feet o pecial conditions	of the area in que	on, dimensions and location of estion (if applicable). se literal enforcement of the
		For Town Us	se Only	
Fee:	Acct No:	Receipt:	Da	ate:
Date Rec'vd Complete:		By:		_ Applic. No.:
Neighbors within 300	feet notified:			
Review by Plan Comn	nission:			
Recommendation to:	Approve	Approve wit	h Conditions	Deny
Review by Town Boar	d:			
Special Exception is: Approved Approved with Conditions Denied				
If denied, date resoluti	ion was filed wi	ith Outagamie C	ounty:	
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