

City of Oconomowoc
Architectural Commission
Application for Special Exception

174 E. Wisconsin Avenue, P.O. Box 27
Oconomowoc, WI 53066
Telephone: (262) 569-3235
Fax: (262) 569-3238
Website: www.oconomowocusa.com

This application is a part of the Architectural Commission review submittal package and is required for review. Only complete submittals filed prior to the deadline will be accepted. Please refer to the special exception/ variance request procedures for the submittal requirements.

Filing date & time:

Hearing date & time:

Mark the items that are included with your submittal:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Provide \$300 filing fee |
| <input type="checkbox"/> | Complete application for special exception/variance request (12 copies) |
| <input type="checkbox"/> | Complete application for sign review or building review (depending upon subject matter) (12 copies) |
| <input type="checkbox"/> | Provide submittal items as outlined in the sign review/building review applications (12 copies of all) |
| <input type="checkbox"/> | Permit refusal (12 copies) |
| <input type="checkbox"/> | A letter to the Commission explaining why the special exception is necessary (12 copies) |

Name of applicant:

Applicant's street address, city, state, zip:

Name of property owner:

Property owner's street address, city, state, zip:

Address of the property for which the variance is requested:

Zoning of this property:

Present use of this property:

Proposed use of this property:

Has a previous appeal been made with respect to this property?

Explain previous appeals: _____

Decisions and explanations of previous appeals: _____

List the dates of previous appeals:

Explain the purpose and grounds for this appeal and the relief that a variance will provide:

As agent/applicant/owner, I agree to conform to the approval given by the Architectural Commission.

Signature of Agent/Applicant/Owner

Date

***A signature is required for review of this application.**