



# VARIANCE APPLICATION

Town of Wheatland  
600 9th Street  
Wheatland, Wyoming 82201  
307-322-2962 Fax: 307-322-2968

Office Use Only	
Application Fee:	\$200.00
Publication Fee:	\$150.00
Certified Mailing Fee:	\$ _____
Letter of Justification:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Site Plan:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vicinity Map:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of Ownership:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Application **MUST** include e-mail addresses or application will be considered incomplete.*

If the applicant is other than the owner of the property for which this special use permit is being sought, the applicant must provide separate written approval from the owner or the owner may indicate approval by signing below.

\_\_\_\_\_

Property Owner (as on deed)

\_\_\_\_\_

Phone No.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

E-mail

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

**Proof of ownership must be provided.**

Signature

Street Address of Proposed Property: \_\_\_\_\_

Legal description of property: \_\_\_\_\_

Acreage: \_\_\_\_\_

Number of lots: \_\_\_\_\_

Current Land Use: \_\_\_\_\_

Zoning: \_\_\_\_\_

Description of requested VARIANCE (include why the variance is necessary): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*See the checklist below for additional required information when submitting this application.\*\***

**APPLICATION SIGNATURES AND ACCESS PERMISSION**

*Right to ingress property for assessment, evaluation and inspections.*

I, the undersigned, hereby grant authorized Town of Wheatland Personnel the right to enter onto this said land/property for any and all inspection purposes necessary to exercise this Variance. I certify, to the best of my knowledge, that all the information in this application is true and correct, and that I am the owner of the above described property or have been authorized by the owner to make this application as his/her agent. I, the undersigned, understand that I am applying for a Variance and that all fees must be paid before the variance is issued. **I attest by my signature, under penalty of law, that I will not commence any activity contained within or related to this Variance application until after the permit has been approved and issued to me.**

\_\_\_\_\_

Signature of Applicant (s)

\_\_\_\_\_

Date

- | <b><u>Please attach the following required information:</u></b>   |
|---|
| 1. Permit fee   |
| 2. Proof of ownership: <ul style="list-style-type: none"><li>a. Warranty Deed, Title Policy, or Contract for Deed</li><li>b. Signed authorization letter from the owner if other than applicant</li><li>c. Copy of Lease/Rental Agreement</li></ul> |
| 3. Site Plan and Vicinity Map   |
| 4. Letter of Justification - statement of purpose and need  |
| 5. Any additional information relevant to the application   |
| 6. Certified Mailing Fee must be paid before the meeting  |
| 7. Affidavit of Publication must be given to the Planning Office before the meeting.  |

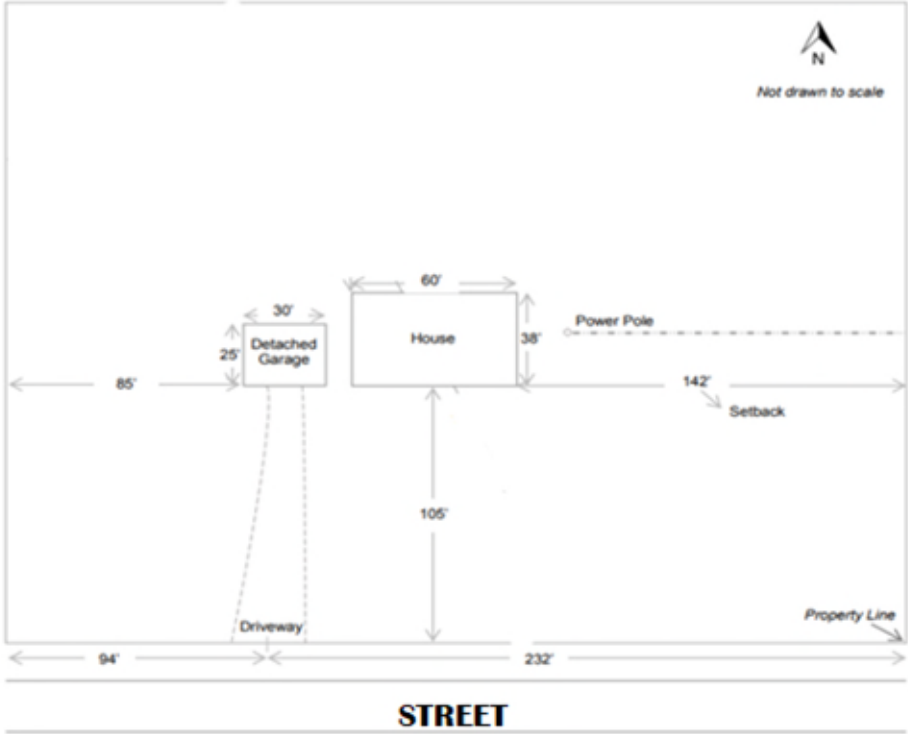
*Planning Office Use Only*

Board of Adjustment Hearing Date: \_\_\_\_\_

Approval  Disapproval

Conditions: \_\_\_\_\_

Sample Site Plan:



Sample Vicinity Map:

