Variance Request Form
Town of New Glarus
Green County, Wisconsin

Submitted_____

Applicant Information:
Name: _____
Address: _____
_____
Tele. No. _____
Fax No. _____
e-Mail _____

Agent Information:
Name: _____
Address: _____
_____
Tele. No. _____
Fax No. _____
e-Mail _____

Variance Request:
_____
_____
_____
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_____

Site location: T.4 N.-R 7E. Section _____
Site Address: _____
_____

Adjacent Landowners:

Name: _____
Address: _____
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Name: _____
Address: _____
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