VARIANCE FEES

MGO \$50.00 COMM \$490.00 Priority - Double above

Amount Paid

PETITION FOR VARIANCE **APPLICATION**

City of Madison

Building Inspection 215 Martin Luther King Jr Blvd Suite 017 Madison, WI 53703 (608) 266-4551, ext. 2 biplans@cityofmadison.com

Name of Owner	Project Description	Agent, architect, or engineering firm
Jussi Snellman	Bathroom remodel	
Company (if applies)		No. & Street
No. & Street 5613 Taychopera Rd	Tenant name (if any)	City, State, Zip Code
City, State, Zip Code Madison, WI 53705	Building Address SAME	Phone
Phone		Name of Contact Person
6082159415 e-mail		e-mail
JUSSI_SNELLMAN@YAHOO.COM		
nonconforming conditions for	r your project.) 32 1. 035	mber and language. Also, indicate the
5×15/1 214"	DOURS CANT BE	
Also changing	respected the	at registers and so
2. The rule being petitioned car	nnot be entirely satisfied because:	
- hon-slip - gras back inchallation		gs) in new bath,
Note: Please attach any pictures, pla	ans, or required position statements.	
Print name of owner	NY REQUIRED POSITION STA ner of the building. Tenants, agents, co ey is submitted with the Petition for Va	ontractors, attorneys, etc. may not sign the riance Application. Ite as petitioner that I have read the foregoing its in the subject building or project. Subscribed and sworn to before me this
Untl		date:
Notary public		My commission expires:

NOTE: ONLY VARIANCES FOR COMMERCIAL CODES ARE REQUIRED TO BE NOTARIZED.