WASHBURN CITY HALL 119 Washington Avenue Washburn, WI 54891

Overview: The City's zoning code provides a mechanism for a person to appeal an administrative decision made by the Zoning Administrator. After reviewing the matter, the Zoning Board of Appeals has the power to affirm, modify, or rescind the zoning administrator's decision.

Governing regulations: The procedures and standards governing this application process are found in Article 7 of the City's zoning code.

General instructions: Complete this application and submit one copy to the City Clerk.

| Office Use Only | | | | |
|-----------------|------------------------------------|--|---|--|
| Date Received: | | Received By: | Fee Paid: | |
| 1. | | include surveyors, engineers, landscape architects, arc Applicant | Agent | |
| | Name | | | |
| | Street address | | | |
| | City, state, zip code | | | |
| | Daytime telephone | | | |
| | E-mail address | | | |
| 2. | Description of admini | strative decision being appealed | | |
| | Administrative officer | | | |
| | Date of decision | | | |
| | Nature of decision | | | |
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| 3. | Describe the reason(s regulations. | s) why you believe the decision is not appropriate. E | se as specific as possible by citing applicable sections of the | |
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| 4. | Attachments. List any attachments included with your application. | | |
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| 5. | Other information. You may provide any other informat | ion you feel is relevant to the review of your application. | |
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| 6. | Applicant certification | | |
| • | • I understand that I, or any of my agents, may not discuss this appeal application with any member of the Zoning Board of Appeals until after the Board renders a final written decision. | | |
| • | • I certify that all of the information in this application, along with any attachments, are true and correct to the best of my knowledge and belief. | | |
| • | • I understand that submission of this application authorizes city officials, Plan Commission members, City Council members, employees, and other designated agents to enter the property to conduct whatever site investigations are necessary to review this application. This does not authorize any such individual to enter any building on the subject property, unless such inspection is specifically related to the review of this application and the property owner gives his or her permission to do so. | | |
| • | I understand that this application and any written materials relating to this application will become a permanent public record and that by submitting this application I acknowledge that I have no right to confidentiality. Any person has the right to obtain copies of such written materials or view it online. | | |
| • | • I understand that the zoning administrator will review this application to determine if it contains all of the required information. If he or she determines that the application is incomplete, it will not be scheduled for review until it is deemed to be complete. | | |
| Арр | oplicant name(s): | Date: | |
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