



Administrative Appeal
City of Wisconsin Rapids, Wisconsin
 Version: January 3, 2019

Community Development Department
 444 West Grand Avenue
 Wisconsin Rapids, WI 54495-2780
 P: (715) 421-8228 Fax: (715) 421-8291

Overview: The City's zoning regulations 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.

If you submit an application, do not contact any member on the Zoning Board of Appeals until after a final decision has been made.

Governing regulations: The procedures and standards governing the review of this application are found in Article 5 of the City's zoning code (Chapter 11 of the municipal code).

General instructions: Complete this application and submit one copy to the Community Development Department. Alternatively, you can submit your application online at <https://wisconsinrapids.zoninghub.com/>

Application fee: \$150.00 (fee is refunded if appeal is upheld)

Application submittal deadline: Applications must be submitted at least 3 weeks prior to the meeting. Please consult the annual Planning Commission schedule for specific dates.

Office Use Only

Date Received _____
 Received By _____
 Fee _____
 Case # _____
 Aldermanic District _____
 Plan Commission Date _____

1. Applicant information

Applicant name _____
 Street address _____
 City, state, zip code _____
 Daytime telephone number _____
 Email _____

2. Agent contact information Include the names of those agents, if any, that helped prepare this application including the supplemental information. Agents may include surveyors, engineers, landscape architects, architects, planners, and attorneys.

	<u>Agent 1</u>	<u>Agent 2</u>
Name	_____	_____
Company	_____	_____
Street address	_____	_____
City, state, zip code	_____	_____
Daytime telephone number	_____	_____
Email	_____	_____

3. Description of administrative decision being appealed

Administrative officer _____
 Date of decision _____
 Nature of decision _____

4. Describe the reason(s) why you believe the decision is not appropriate Be as specific as possible by citing applicable sections of the regulations.

5. Other information You may provide any other information you feel is relevant to the review of your appeal.

6. Applicant certification

- I understand that I, or any of my agents, may not discuss this appeal with any member of the Board of Zoning Appeals until after a final decision is made.
- I certify that all of the information in this application, along with any attachments, is true and correct to the best of my knowledge and belief.
- I understand that submission of this application authorizes City officials and employees, and other designated agents, including those retained by the City, 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 this application and related materials or view it online.

Property Owner:

Name – print

Name – Signature

Date

Name – print

Name – Signature

Date