



## Community Development Department

444 West Grand Avenue  
Wisconsin Rapids, WI 54495-2780  
Ph: (715) 421-8228 • Fax: (715) 421-8291

### Appeal Application

#### For Office Use Only

Date Received:	Date Paid:	Date Entered:	Permit #:
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#### APPLICANT INFORMATION

Name:	Address, City, State, and Zip:		
Phone Number:	Fax Number:	Email Address:	

#### PROPERTY INFORMATION

Site Address:		Parcel #:	
Zoning District:	Lot Area:	Lot Width:	Lot Depth:
Building Permit #:		Current Land Use:	

#### APPEAL DESCRIPTION

Reason for Appeal:

**Ordinance Interpretation**  
Provide section number, petitioner interpretation and rationale:

**Administrative Decision/Measurement/Order in Dispute**  
Attach a copy of the decision/order being appealed. Describe rationale for appealing the decision/order:

#### FEES

Description	Price Per Appeal	Total
Zoning Appeal (fee refunded if appeal is upheld)	\$150.00	
Property Maintenance/Nuisance Appeal	\$10.00	
Building Appeal	\$50.00	
	<b>Total:</b>	

***I certify that the information provided with this application is true and accurate.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_