



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	
	Total:	

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

Applicant Signature: _____ Date: _____