ZONING BOARD OF APPEALS

City of Marshfield
Dept. of Planning & Economic Development
P.O. Box 727
630 S. Central Ave.
Marshfield, WI 54449-0727
Telephone: 715-486-2075 Fax: 715-384-7631
Email: josh.miller@ci.marshfield.wi.us

Administrative Appeal Application

Fee: $100.00

Office use only
Date rec'd / by _____
Fee/Receipt No._____

Type of Action: ☐ Appeal of Code Interpretation ☐ Appeal of Zoning District Boundary
☐ Appeal of Administrative Official Decision/Order
Official's Title _____

Applicant Name: _____ Phone:_____ Fax_____
Address: _____ City, State/ Zip:_____

The Applicant is ☐ Owner ☐ Authorized Representative/Other (DESCRIBE)_____

Property Owner (If different From Applicant)	Name_____ Phone _____ Address _____ Fax _____ City _____ State ___ Zip Code _____
Property Details	Address: _____ Legal Description or Tax Parcel ID Number: _____ _____ _____ Zoning District: _____ Lot Area: _____(Sq. ft.) Lot Dimensions: ___x___ ft. Current use(s) & Improvements: _____

Reason for Appeal: Check the type of administrative decision being appealed and indicate reason for appeal

☐ Administrative decision/order in dispute. (Indicate the specific decision or order and reason for dispute):

_____
_____
_____
_____
_____
_____
_____

☐ Ordinance interpretation of administrative official (include section number):

_____

_____

_____

Describe petitioner's interpretation and rationale:

_____

_____

_____

☐ Zoning district boundary interpretation of administrative official (location and districts involved):

_____

_____

_____

Describe petitioner's boundary location criteria & determination.

_____

_____

_____

APPLICANT (OR SOMEONE REPRESENTING APPLICANT) MUST BE PRESENT AT THE PUBLIC HEARING

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NOTE: The Zoning Board of Appeals' review of this application is a quasi-judicial proceeding. You will have an opportunity to present information to the Board in favor of your application at the public hearing. It is not appropriate to contact Board members in advance regarding a pending decision. Please file any written communication about your application with the Zoning Administrator and direct additional copies to Board members and other persons who has registered an interest in your application.

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AUTHORIZATION

The undersigned hereby certifies that this application has been made with the consent of the property owner(s) and that all information submitted with this application is complete and accurate to the best of knowledge. This application also authorizes City representatives to visit and photograph the property in order to process the application.

_____

Authorized Signature Date