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**VILLAGE OF WESTON
MARATHON COUNTY, WI**



**APPLICATION FOR AN APPEAL FROM A
DECISION OF THE BOARD, PLAN COMMISSION,
ZONING ADMINISTRATOR AND/OR BUILDING INSPECTOR
BEFORE THE ZONING BOARD OF APPEALS**

Fee: \$300.00 Special Meeting – Applicant will be notified of the date and place of the public hearing.

Application # _____

An appeal is hereby taken from the decision of the Village Board, Plan Commission, Zoning Administrator and/or Building Inspector, copy of which is attached, and application is hereby made for an order reversing said decision.

1. Appellant _____ Telephone _____

Address _____

Email Address _____

2. Location and legal description of property (including address and acreage): _____

3. Grounds of Appeal: _____

4. To your knowledge has there been any previous appeals on this Property? _____

Applicant attendance at this hearing is not mandatory, but is strongly recommended.

I hereby depose and say that all the above statements and all accompanying statements and drawings are correct and true.

Signature of Applicant

For Village Use Only

Date of Appealed Decision _____

Decision being appealed: _____

Copy to the Zoning Board of Appeals

Date: _____

Date of Public Hearing: _____

Application: _____ (Approved / Denied)

Chairperson