

Date Filed _____
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 Appeal No. _____

**VILLAGE OF WESTON
 MARATHON COUNTY, WI**



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

Fee: \$250.00 Special Meeting - Applicant will be notified of the date and place of the public hearing.

An appeal is hereby taken from the decision of the Planning 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 _____
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? _____

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

 Signature of Appellant

State of _____

County of _____

Subscribed and sworn to before me this ____ day of _____, 20 _____, by

_____.

 Notary Public

My Commission Expires: _____

(Seal)

Copy to the Zoning Board of Appeals

Date: _____

Date of Public Hearing: _____

Appeal: _____ (Granted / Denied)

Chairperson