



# ADMINISTRATIVE APPEAL APPLICATION PACKET

## PLANNING SERVICES - COMMUNITY DEVELOPMENT

**Applicant** (Please Print or Type)

Date:

Name:

Business Name:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Mobile Number:

E-mail Address:

**Property Owner** (Please Print or Type) *This section can be left blank if the same as above.*

Name:

Business Name:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Mobile Number:

E-mail Address:

**Please fill out the information below regarding the proposed Administrative Decision Appeal.**

Location/Address of Appeal:

Tax Key Number(s):

Date Inspector Denied Zoning Permit:

Requesting Variance to Code Section:

Administrative Officer's Name:

Appeal Administrative  
Decision Regarding:

Reason Decision Regarding  
Code Section is Incorrect or  
Improperly Interpreted:

If this form has been filled out electronically, please click on the " Print Application" button on the top of page 1 or to the right of this text.

Once the application is printed/filled out it can be submitted to the Planning Services Division along with any applicable information required for your submittal. Please see the attached sheet to ensure that the proper supporting documents are submitted along with this completed form.

**I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ADMINISTRATIVE APPEAL PROCEDURE AND FAILURE TO COMPLY WITH CITY REQUIREMENTS WILL RESULT IN THIS APPLICATION BEING WITHHELD FROM CONSIDERATION BY THE ZONING BOARD OF APPEALS.**

**NOTE: TIME OF APPEAL. APPLICATION FOR APPEAL SHALL BE FILED WITH THE COMMUNITY DEVELOPMENT DEPARTMENT WITHIN TWENTY DAYS FROM THE DATE OF REFUSAL OF A PERMIT OR FROM THE DATE OF THE MAKING OF ANY ORDER, RULING, DECISION OR DETERMINATION FROM WHICH AN APPEAL IS TAKEN. THE DATE OF THE DECISION OF THE BUILDING INSPECTOR OR OTHER SUCH OFFICER SHALL NOT BE COUNTED, BUT THE DATE OF FILING THE APPEAL AND SUNDAYS AND HOLIDAYS SHALL BE COUNTED, EXCEPT THAT IF THE LAST DAY FALLS ON A SUNDAY OR LEGAL HOLIDAY THE TIME FOR FILING SHALL BE EXTENDED TO THE NEXT SECULAR DAY.**

Signature of the Property Owner:

Signature of the Applicant (working as "Agent" for the owner):

Print Name:

Print Name:

Date:

Date:

***For Planning Services Use Only***

Submittal Date:

Staff Signature:

Fees Paid:

Yes

No

Public Hearing/Meeting Date:



## ADMINISTRATIVE APPEAL APPLICATION PACKET PLANNING SERVICES - COMMUNITY DEVELOPMENT

### Submittal Requirements For Administrative Appeal Request

All information or materials related to the Administrative Appeal is required to be submitted with the application (**2 copies of each**). This information may include:

- For an appeal related to a parcel of land, a Plat of Survey or accurate architectural / engineering drawing must be submitted. A City cadastral or zoning map will not be accepted.

The Plat / Drawing must contain the following:

1. The parcel in question with dimensions, bearings and a description of the exterior boundaries.
  2. Abutting streets, properties, lakes and/or rivers, etc.
  3. Location and size (with dimensions and area) of any existing buildings or structures.
  4. Ordinary High-water Mark, 100-year Flood Elevation, 2-foot above the 100-year Flood Elevation, Easements, etc.
  5. Location and size of culverts, ditches, trees, wells, septic system, retaining walls, driveways, sidewalks, patios, or any other items pertinent to the variance requested--including area calculations.
  6. Elevations at corners of parcel, building corners, grade breaks and any other elevations pertinent to the variance requested.
  7. Proposed building, structure or appurtenance for which the variance is being requested.
- The scaled construction drawings of the appurtenance, addition, or structure for which the variance is being requested.
  - Fee in the amount of **\$200.00**, which is non-refundable once the hearing has been noticed.

**PLEASE BE INFORMED THAT ANY LEGAL, ENGINEERING AND ADMINISTRATIVE FEES INCURRED BY THE CITY, IN THE PROCESS OF REVIEWING A PROPOSAL OR APPLICATION, BUT NOT INCLUDED IN THIS FEE SCHEDULE, WILL BE CHARGED BACK TO THE PETITIONER / APPLICANT / OWNER / DEVELOPER FOR 100% RECOVERY. (Ch. 3.085/Ord. #909)**

If there are any questions regarding the rezoning process please contact the Community Development Department at (262) 679-4136. The department can also be reached at [zoning@ci.muskego.wi.us](mailto:zoning@ci.muskego.wi.us)