1337 County Road V, Hudson, WI 54016 (715) 549-6235 / <u>clerk@tn.stjoseph.wi.gov</u> www.townofstjoseph.com

ADMINISTRATIVE APPEAL APPLICATION

Chapter 170 - Town of St Joseph Zoning Ordinance

APPLICANT INFORMATION				
Applicant Name:	Owner (if not applicant):			
Mailing Address:	Mailing Address:			
Daytime Phone: ()				
E-mail:	E-mail:			
	TYPE OF A	CTION		
Appeal of Code Interpretation Appeal of Decision/Order		of Zoning District Boundary l's Title:		
	PROPERTY I	DETAILS		
Site Address:				
Property Location: 1/4,	1/4, Sec. , T. N.	., R. W., Town of St Joseph (Complete legal description must be attached.)		
Parcel Identification Number(s):		ае <i>scrip</i> ноп тизі де анаспеа.)		
Zoning District:	Lot Area (sq. ft.)	Lot Dimensions:		
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:				
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TOWN OF ST. JOSEPH

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Zoning district boundary interpretation	n of administrative official (location and	d districts involved):
Describe petitioner's boundary location cri	teria and determination:	
	FEES	
Application Fee: Supplemental Application Fees: 22 Total Fees:	25_x(# of additional requests)	\$\frac{450.00}{\text{\$}_{\text{constraint}}}\$ (plus professional fees/expenses)
 required throughout the process Additional fees paid as directed by the Fees will be doubled for applications action has commenced Pre-Application Meeting: Prior to su meeting with the Town of St. Joseph 	submitted after construction project init abmitting an application the landowner of staff to discuss the application and the ed in this application is true and correct	ciated, and/or written enforcement or their agent must schedule a process. Contact to the best of my knowledge.
wner (if not applicant) Signature:		Date_
	OFFICE USEONLY	
re-application Meeting://	With:	
Complete Application Accepted: / /	By:	
Fee Received: <u>/_/</u> \$	Receipt #:Sched	luled Hearing Date://