

The Village of New Glarus

Green County, Wisconsin

Fee: _____

Paid: _____

Appeal of Zoning Determination Within
Extraterritorial Jurisdiction

Date: _____

Applicant Name: _____

Address: _____

Telephone: _____

A. TEXT CHANGE APPEALED: _____

(answer questions B(2) and B(3) and skip to signature)

B. ZONING APPEALED:

1. Attach scale drawing showing the location and size of the property, existing improvements, all abutting properties and improvements and change or addition requested.

2. Date of original application: _____

3. Date of denial of application: _____

4. Site address: _____

5. Description of site by lot, block and recorded subdivision or by metes & bounds: _____

6. Type of structure on this site: _____

7. Proposed operation or use of the structure or site: _____

Number of employees: _____

8. Present zoning of site: _____

9. Would you like the appeal handled as a contested case? _____

A contested case includes the right of all parties to cross-examine witnesses, to object to improper evidence and to have a record of the proceedings made by a court reporter or qualified stenographer or by tape recording.

Applicant's Signature

PRESENTED TO VILLAGE CLERK: _____

REFERRED TO ZONING ADMINISTRATOR: _____

REFERRED TO BOARD OF APPEALS CHAIRMAN: _____

BOARD OF APPEALS REVIEW: _____

PUBLICATION (CLASS 2): _____

PUBLIC HEARING: _____

D E T E R M I N A T I O N

DATE: _____

APPROVE

CONDITIONALLY APPROVE

DENY

IF CONDITIONALLY APPROVED STATE SPECIFICS: _____

Date

Board of Appeals Chair