

Application No.

TOWN OF GARFIELD APPEAL FROM ADMINISTRATIVE ACTION

Property Owner: _____

Mailing Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Contractor/Agent: _____

Mailing Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Site Address: _____

Property Location: ____ 1/4, ____ 1/4, Sec. ____, T ____ N, R ____ W

Lot #: _____ Block #: _____ Subdivision/CSM #: _____ Gov't Lot #: _____

Parcel Number (see tax bill): _____ - _____ - _____

Size of Parcel: ____ X ____ = _____ SQ. FT. OR ____ Acres

Specify the administrative decision being appealed:

Explain how the proposed decision has aggrieved the applicant:

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I, being the applicant/owner of all the area herein described, hereby petition the Board of Appeals of the Town of Garfield, Polk County, Wisconsin, for an Appeal from Administrative Action as authorized by the Town of Garfield Zoning Ordinance for the above described property.

I declare that this application, including any supporting documents, is true, correct and complete to the best of my knowledge. I agree to allow Town and County officials charged with administering Town and County ordinances, or their designees, to have access to the herein-described premises at any reasonable time for the purpose of inspection.

Applicant Signature: _____ Date: _____

Return with payment to:
Town of Garfield
690 Minneapolis St.
Amery, WI 54001
(715) 268-4857

FOR TOWN USE:

Received By: _____ Date Filed: _____ Fee(s) Paid: _____