



## **APPEAL OF ZONING ADMINISTRATOR'S DECISION**

### APPLICATION FORM AND NOTICE OF REQUIREMENTS

#### **APPEAL**

As authorized under ss. 59.694(4) and Section 16.0105 of the Marquette County Zoning Administration Ordinance, a decision of the Zoning Administrator may be appealed to the Marquette County Board of Adjustment. The appeal may be requested by any person or by any officer, department, board or bureau affected by any decision of the Zoning Administrator. The appeal must be filed within 30 days of the written decision that is the subject of the appeal.

#### **PROCESS**

At the time of application you will be asked to:

- 1) Submit a completed application form and a \$300.00 non-refundable fee.
- 2) Provide detailed reasons for the appeal.
- 3) Contact your Town Board to inform them of your request. The Township may ask you to attend a Town Board meeting to discuss the appeal. A list of Town Clerks is included with the application.
- 4) You will be required to attend the public hearing, if you cannot please contact the Zoning Administrator.

After receiving your application materials, the Zoning Department will publish notice of your request for an appeal in the Marquette County Tribune noting the time and location of the public hearing. In addition, a public notice will be sent to neighboring property owners of the subject property. The burden of proof will be on you to provide verifiable facts upon which the Board may base its decision. At the hearing, any party may appear in person or be represented by agent or attorney to speak on your appeal request.

#### **DECISION OF THE BOARD**

The final decision of an appeal to the Board of Adjustment shall be in the form of a written resolution or order signed by the Chairman and Secretary of the Board. Such a resolution shall state the specific facts, which are the basis for the Board's determination and shall either affirm, reverse, vary or modify the order, requirements, decision or determination appealed, in whole or in part, or dismiss the appeal for lack of jurisdiction.

## **JUDICIAL REVIEW**

If your Appeal request is denied, you may appeal the decision to Circuit Court, as provided in ss. 59.694(10). The appeal must be filed within 30-days of the filing of the decision in the Marquette County Zoning Office.

### **Town Clerks**

**Buffalo:** Donna Seddon (608) 297-7939  
**Crystal Lake:** Sandra Vaughan (920) 293-4681  
**Douglas:** Gail Cottine (608) 981-2121  
**Harris:** Phyllis Ingram (608) 296-2892  
**Mecan:** Arlowayne Wegner (920) 295-3456  
**Montello:** Eileen Napralla (608) 297-7469  
**Moundville:** Carol Lillge (608)587-2169  
**Neshkoro:** Cheryl Milbrandt (920) 293-4531  
**Newton:** Sandra Wright (920) 787-4561  
**Oxford:** Mary Walters (608) 586-4366  
**Packwaukee:** Janny Slama (608) 589-5626  
**Shields:** Patrick Tierney (608) 297-9253  
**Springfield:** Debra Kemnitz (608)296-3223  
**Westfield:** DaWayne Schatzka (608)296-2500

### **Town Meeting Date**

2<sup>nd</sup> Monday of the Month  
2<sup>nd</sup> Thursday of the Month  
2<sup>nd</sup> Wednesday of the Month  
3<sup>rd</sup> Monday of the Month  
2<sup>nd</sup> Tuesday of the Month  
2<sup>nd</sup> Tuesday of the Month  
4<sup>th</sup> Tuesday of the Month  
2<sup>nd</sup> Wednesday of the Month  
2<sup>nd</sup> Thursday of the Month  
2<sup>nd</sup> Wednesday of the Month  
2<sup>nd</sup> Tuesday of the Month  
1<sup>st</sup> Thursday of the Month  
2<sup>nd</sup> Wednesday of the Month  
3<sup>rd</sup> Monday of the Month

**PETITION FOR APPEAL**  
MARQUETTE COUNTY BOARD OF ADJUSTMENT

<b>Date filed:</b>	<input type="checkbox"/> \$300.00 fee (non-refundable)
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<b>Applicant:</b>	
<b>Address:</b>	
<b>Phone:</b>	

**Legal Description:**     \_\_\_ 1/4, \_\_\_ 1/4, Section \_\_\_, T\_\_\_ N, R \_\_\_E

**Township:** \_\_\_\_\_     **Tax Parcel Number:** \_\_\_\_\_     **Fire No.** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_     **Lot area:** \_\_\_\_\_

**Current use and improvements:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Decision which is subject of Appeal:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Justification for a reversal of decision:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You may answer questions on separate document and attach to this application.**

**Signed:** \_\_\_\_\_     **Date:** \_\_\_\_\_  
          Applicant/Agent/Owner

**Remit to:** MARQUETTE COUNTY Zoning, P.O. Box 21, Montello, WI 53949  
(608) 297-3036

**EXAMPLE SITE PLAN**  
Detailed construction plans  
are also required

