

Village of Greendale
6500 Northway - Greendale, WI 53129
(414) 423-2100 - Fax (414) 423-2106

APPLICATION FOR ZONING BOARD OF APPEALS

Applicant's Name _____ Phone _____

Applicant's Address _____

Business Name. _____ E-Mail _____

Property Owner's Name _____ Phone _____

Property Owner's Address _____

SITE ADDRESS _____

TAX KEY # _____

ZONING SECTION TO BE APEALED (Filled out by Village Staff):

Petitioner requests:

Request was denied as Section(s) _____ of the Village of Greendale
Zoning Ordinance

In accordance with Section 17.33(2)(a) of the Zoning Ordinance, the reasons for the petition are:
(To be completed by petitioner)(additional sheets may be necessary)

The following are attached in accordance with the requirements of Chapter 17 of the Zoning Ordinance for the Village of Greendale.

- Plat of Survey or Map drawn to scale showing all of the information required under this Ordinance for a Zoning Permit (not to exceed 8 1/82" x 14')
- Additional Information as required by the Zoning Administrator

The undersigned hereby attests that the above information is true and accurate.

APPLICANT'S SIGNATURE _____ **DATE** _____

APPLICATION FEE: \$150.00. (Acct. 223.08) *Applicant is advised that additional fees may apply once the project is reviewed by Village Staff.*