

Board of Appeals Application



Project Name _____

Appealant or Agent for Appealant

Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Daytime Phone Number _____
E-mail Address _____

Agent is Representing (Tenant/Owner)

Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Daytime Phone Number _____
E-mail Address _____

Property Information

Property Address _____
Tax Key No. _____
Aldermanic District _____
Current Zoning _____
Property Owner _____
Property Owner's Address _____

Existing Use of Property _____
Previous Occupant _____

Application Type and Fee

(Check all that apply)

Use Variance \$175
Area Variance \$175
Municipal Code Section of Appeal: _____

Hardship/Reasoning for Appeal: _____

In order to be placed on the Board of Appeals agenda on the 2nd Tuesday of the month, Planning & Zoning MUST receive the following by 20 days prior to the BOA meeting.

Completed Application
Corresponding Fees
Project Description including estimated cost
Set of plans (electronic) - check all that apply
Survey
Floor Plans
Elevations
Other

Items shall be sent to Planning@westalliswi.gov .
Please make checks payable to: City of West Allis

Abutting property owners within 100ft will be notified.

FOR OFFICE USE ONLY Application Received _____
Publication Sent _____
Publication Date _____
Board of Appeals Meeting _____

Applicant or Agent Signature _____ Date _____

Property Owner Signature _____ Date _____

