



# TOWN OF WILSON

SHEBOYGAN COUNTY, WISCONSIN

**BOARD OF APPEALS APPLICATION FOR HEARING**

**YOU OR YOUR AGENT MUST BE PRESENT AT THIS MEETING**

Date filed: \_\_\_\_\_  Filing fee \$250 (non-refundable)

	Owner	Agent	Contractor/Contact person
<b>Name</b>			
<b>Address</b>			
<b>Phone</b>			
<b>Fax</b>			
<b>Email</b>			

Legal description of property \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, S \_\_\_\_\_, T14N, R23E, Town of Wilson, Sheboygan County.

Fire number: \_\_\_\_\_ Tax parcel number: \_\_\_\_\_

Lot area and dimensions: \_\_\_\_\_ square feet, \_\_\_\_\_ x \_\_\_\_\_ feet

Zoning district: \_\_\_\_\_

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

Identify all non-conforming structures and/or land uses on this property: \_\_\_\_\_

\_\_\_\_\_

Has previous appeal or application for a zoning or conditional use been made with respect to this property?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state nature of appeal or application \_\_\_\_\_

\_\_\_\_\_

Disposition: Granted \_\_\_\_\_ Denied \_\_\_\_\_ Date of Decision: \_\_\_\_\_

Terms of Ordinance (Section No.)

Appeal Requested

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address each of the following criteria for granting of an appeal as described on the preceding pages (attached additional pages as necessary):

- 1.) Unnecessary hardship is present because ...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) Compliance with the terms of the ordinance is prevented by the following unique feature(s) of this property..

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3.) An appeal will not be contrary to the public interest, will observe the spirit of the ordinance, secure public safety and welfare, and do substantial justice because ...

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Please state why you believe the Plan Commission and/or Town Board acted in error in your recent zoning or conditional use application:

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Attach a plat or other map of your site and detailed construction plans.

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I certify that the information I have provided in this application is true and accurate.

Signed: \_\_\_\_\_  
Applicant/Agent

Date: \_\_\_\_\_

Remit to:       Town of Wilson  
                  5935 South Business Drive  
                  Sheboygan, WI 53081