

Appeal to the Washburn County Board of Adjustments

Date of application _____ Non-refundable fee \$ _____ Application # _____

Property owner _____ Phone # (____) _____

Address _____

Property description _____ Section _____ Twsp. _____ R. _____

Town of _____ Property fire # _____

Lot size _____ Map # _____ Record Id# _____ Zoning district _____

What decision are you appealing? _____

Reasons _____

Reasons _____

(Applicant or representative signature)

(Date signed)

(Mailing address if different than above)

Dates published _____ Hearing date _____

Decision of Board of Adjustments – Washburn County, WI

Findings of Fact

Having heard the testimony and considered the evidence presented, the Board finds the application to be **(Correct / Incorrect)**.

Conclusion of Law

Based on the above finding of fact, the Board concludes that: _____

Order and Determination

On the basis of the above findings of fact, conclusion of law, and the record in this matter, the Board orders: _____

The zoning administrator is directed to issue a zoning permit incorporating these conditions.

Any privilege granted by this decision must be exercised within _____ months of the date of this decision by obtaining the necessary building, zoning, and other permits for the proposed construction. This period will be extended if this decision is stayed by the order of any court or operation of law.

This order may be revoked by the Board after notice and opportunity to be heard for violation of any of the conditions imposed.

Board of Adjustment, Chair

Date

This decision may be appealed by filing an action in certiorari in the Circuit Court for this county within 30 days after the date of filing of the decision.