

Administrative Appeal Application

Maple Bluff Zoning Board of Appeals
Village of Maple Bluff
18 Oxford Place
Madison, WI 53704
Phone (608) 244-3048 Fax (608) 244-0179



Petition #: _____ Date Filed: _____ Fee Paid \$ _____

PETITIONER

Name: _____

Address: _____

Phone Number: _____ Cell Number: _____

E-mail Address: _____

APPEAL INFORMATION

Property Address: _____

Reason for Appeal:

- Zoning District boundary dispute. Include information on the specific Zoning District, Boundary Location & Boundary Determination

- Ordinance Interpretation (Include ordinance section number)

- Administrative decision/measurement/order in dispute

Do you wish to have a: General Hearing Contested Hearing

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

Signature: _____ Date: _____