



## Board of Appeals

### Applicant / Contact

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Current Zoning \_\_\_\_\_

### Agent

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Property Owner's Address \_\_\_\_\_  
Property Owner \_\_\_\_\_

NOTE: Should the Board of Appeals approve your variance, you will also need to obtain the appropriate zoning and/or building permits. A Board of Appeals approval does not grant final approval for your respective use or construction project. It is the property owner's responsibility to ensure that the appropriate permits have been received prior to the commencement of any construction and/or occupancy.

### INSTRUCTIONS

All petitions must be accompanied by a survey showing the existence of the present use and the change required. Scaled drawings may be substituted for surveys. However, the Board may request a certified survey at the time of the hearing. Photographs and blueprints of proposed construction are helpful. A \$50.00 filing fee plus a \$200.00 administrative fee must be paid at the time the petition is filed for setback, square footage, height and floodplain variance. A \$500.00 administrative fee plus a \$50.00 filing fee is required for Plan Commission appeal.

Petitions must be received on or before 4:30 pm of the required due date in order for the petition to be scheduled for review by the board on first Thursday of the following month. Meetings are normally held at 6pm

At the hearing, proper documentation will be reviewed. Petitioner, or agent, will speak first along with those who favor the petition. Those who oppose the petition will be given the opportunity to speak after the affirmative case has been argued. All argument should be relevant to the appeal presented. The Board may, at its discretion, limit debate and place witnesses under oath.

<b>Application Type (Time frame)*</b>	<b>Fees</b>	<b>Required Plans/Information</b> (Failure to submit all required plans will result in rejection of the application.)
<input type="checkbox"/> Setback/Size Variance	\$200+ \$50 Filing Fee	<input type="checkbox"/> Nature of Appeal – 8 copies <input type="checkbox"/> Hardship Argument – 8 copies <input type="checkbox"/> Scaled Drawing/ Survey – 8 copies <input type="checkbox"/> Photos – 8 copies
<input type="checkbox"/> Flood Plain	\$200+ \$50 Filing Fee	<input type="checkbox"/> Nature of Appeal – 8 copies <input type="checkbox"/> Hardship Argument – 8 copies <input type="checkbox"/> Scaled Drawing/ Survey – 8 copies <input type="checkbox"/> Photos – 8 copies
<input type="checkbox"/> Plan Commission	\$500+ \$50 Filing Fee	<input type="checkbox"/> Nature of Appeal – 8 copies <input type="checkbox"/> Hardship Argument – 8 copies

- - CONTINUED ON PAGE 2 - -

**Fees:**

Base Fee From Above	\$ _____
Filing Fee <u>50.00</u>	\$ <u>    </u>
Total	\$ _____

- \* Only if all required materials are submitted and satisfactory.
- <sup>1</sup> Other plans and information may be required by staff upon further review of the project.
- <sup>2</sup> Drawn to a scale no greater than 1"=100'.
- <sup>3</sup> All architectural plans at a scale no smaller than 1/8" = 1'
- <sup>4</sup> Colored building elevation, architectural rendering, or photos suitable for public presentation to fit on a single 8½" x 11" or 11" x 17" sheet.

**No refunds for denied applications**

By the execution of this application, applicant hereby authorizes the City of New Berlin or its agents to enter upon the property during the hours of 7:00 A.M. to 7:00 P.M. daily for the purpose of inspection. Applicant grants this authorization to enter to the City of New Berlin or its agents even if applicant has posted this land against trespassing pursuant to Section 943.13 Wis. Stats.

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

**Only the property owner or property manager may sign, or letter /email of authorization required. The final responsible party is the property owner.**

Please do not write below this line

---

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Board of Appeals Date: \_\_\_\_\_  
Total Fee: \_\_\_\_\_  
File Number: \_\_\_\_\_



**Make Checks Payable To:  
CITY OF NEW BERLIN**