



## Buffalo County Zoning Department

407 S. Second Street ■ PO Box 492 ■ Alma, WI 54610 (608) 685-6218

Fax: (608) 685-6213

www.co.buffalo.wi.us

# Administrative Appeal Application

**Administrative appeals to the Board of Adjustment shall be in accordance with Section 221 of the Buffalo County Zoning Ordinance.**

|                      |          |
|----------------------|----------|
| Property Owner Name: | Phone #: |
| Mailing Address:     |          |
| Email Address:       |          |

|                  |          |
|------------------|----------|
| Agent Name:      | Phone #: |
| Mailing Address: |          |
| Email Address:   |          |

### ORIGINAL APPLICATION INFORMATION

**Describe the Land Use/Development that was applied for and Denied.**

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### SITE INFORMATION

**Parcel Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Site Address: \_\_\_\_\_  
Property Description: \_\_\_\_ ¼ \_\_\_\_ ¼ Sec. \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ W, Town of \_\_\_\_\_  
Parcel Size in Acres: \_\_\_\_\_

### APPEAL STATEMENT

**What specifically is being appealed? Be sure to include written arguments to support the appeal.**

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**APPLICANT SIGNATURE**

I certify by my signature that all information presented herein is true to the best of my knowledge. I understand that I am subject to all applicable codes, statutes and ordinances of Buffalo County and the State of Wisconsin. Providing incorrect information may cause a delay in permit processing or denial. I give permission for the staff of the Buffalo County Zoning Department to enter upon my property for the purpose of verifying that the standards and requirements of the Zoning Ordinance are met.

Owner / Agent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FEES:**            **\$750**        Administrative Appeal Application

Make checks payable to: **Buffalo County Treasurer**

Return Completed application to: **Buffalo County Zoning Department, P.O. Box 492, Alma, WI 54610**

**NOTICE:** Permit application fees are non-refundable.

Updated: December 2024