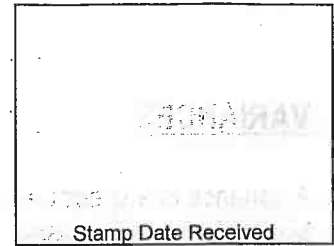


**City of Waukesha**  
 Department of Community Development  
**BOARD OF ZONING APPEALS**  
 201 Delafield Street, Waukesha, WI 53188



**NOTICE:** The Board meets on the second Monday of every month at 4:00 p.m. at Waukesha City Hall. **ATTENDANCE OF THE APPLICANT OR A REPRESENTATIVE IS REQUIRED.** Failure to appear could result in the application being acted on without the applicant's input, or it could result in the item being removed from the agenda, requiring the applicant to reapply and pay another filing fee.

The appeal or application must be filed with the Community Development Department at least 17 days before the Board's meeting and within 20 days of the Zoning Inspector's order or decision, accompanied by the filing fee of **\$100.00**.

This application is for (choose one)

A variance from section 22-56 of the zoning code  An appeal from the decision of the Zoning Inspector  
1a.

For the property identified below:

Project Address: 211 Union St. Tax Key #: \_\_\_\_\_

Current Zoning: RM-3 Existing Use: Home

**ATTACH DETAILED DESCRIPTION OF PROPOSAL** including what is being requested, the rationale, and if a variance request, the facts and circumstances that satisfy the criteria for variance listed on the reverse of this form.

In order to be placed on the Board of Zoning Appeals agenda, the Community Development Department must receive the completed application, fee, project description, and a set of plans in PDF format by the applicable deadline. If this is an appeal from the decision of the Zoning Inspector, also attach a copy of the decision or order rendered by the Zoning Inspector and a statement of principal points on which the appeal is based. The Community Development Department - Planning Division should be consulted to assure an application is complete before being submitted.

**SEE REVERSE FOR DEADLINES AND ADDITIONAL INFORMATION.**

Applicant: (Person to receive notices)

Name: Filomeno Trojillo  
 Address: 5014 S. PACKARD AV.  
 City & Zip: CUDAY WI 53110  
 Phone: (414) 426 16 11  
 E-mail: medinafil18@gmail.com  
medinafil18@gmail.com

Owner of property:

Filomeno Trojillo  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the above statements and the statements contained in the materials submitted with this application are true and correct.

Filomeno Trojillo  
 Applicant Signature

5-22-24  
 Date

PLEASE NOTE: THIS FORM MUST BE ACCOMPANIED BY A \$100.00 FILING FEE

For Internal Use Only		
Amount Paid: _____	Check # _____	Received by: _____