



100-170-1720-1000-5920

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



To the Board of Zoning Appeals: I hereby make an application for (choose one)

☐ A variance from section 22.53 of the zoning code ☐ An appeal from the decision of the Zoning Inspector

For the property located at the following address: (3)(e)(1) 2727 Oakcrest  
(Address of property in question)

NOTICE: The Board meets on the first Monday of every month at 4:00 p.m. in the upper level hearing room (207) 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-Planning Division 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.

**ALL APPEALS FOR VARIANCES MUST INCLUDE PLANS SHOWING THE VARIANCES BEING REQUESTED.**

Other types of applications may require different information, so the Community Development-Planning Division should be consulted before the application is submitted.

Applicant: (Person to receive notices)

Name: MIKE WALWORTH

Address: 2727 OAKCREST DR.

City & Zip: WAUKESHA 53188

Phone: 262-549-5038

Owner of property:

MIKE WALWORTH

DIANE WALWORTH

Please describe present use of premises: store trailers and/or boat  
Briefly describe below your proposal (attach additional sheets as needed):

install additional parking per code.

If this is an appeal from the decision of the zoning inspector, attach the following:

- 1) Copy of the decision or order rendered by the Zoning Inspector.
- 2) Statement of principal points on which appeal is based.

I hereby depose that the above statements and the statements contained in the papers submitted herewith are true and correct.

Applicant Signature

Date

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

For Internal Use Only

Amount Paid: <u>\$100-</u>	Check # <u>c.c.</u>	Received by: <u>ma</u>
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Zoning	R-2	Front yards	30' 0"
Side yards	20' 0"	1st floor grade	
Rear yards	20' 0"	Street grades	



