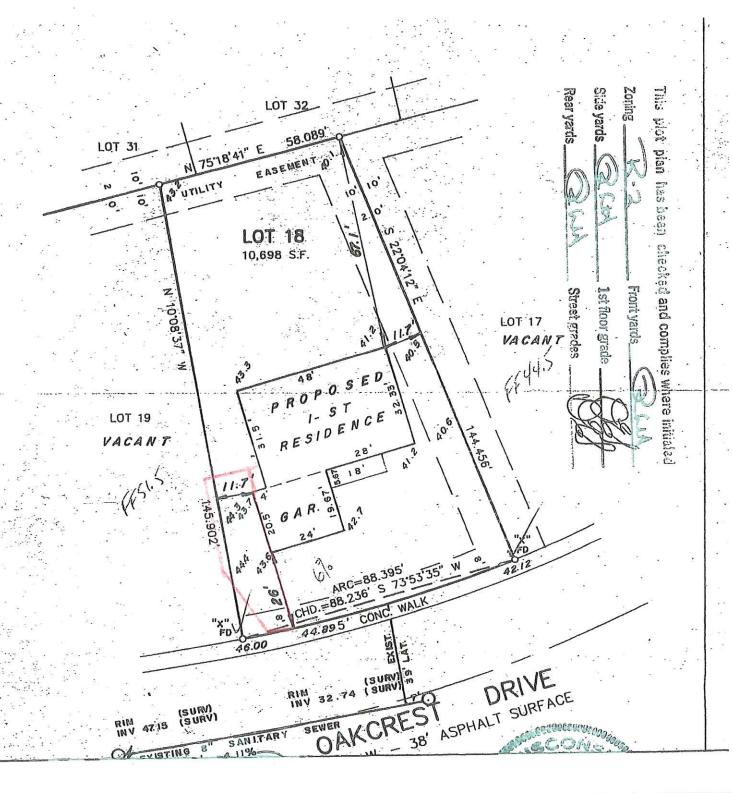


## City of Waukesha Department of Community Development BOARD OF ZONING APPEALS 201 Delafield Street, Waukesha, WI 53188



To the Board of Zoning Appeals: I hereby make an application for (choose one)  A variance from section 22.63 of the zoning code  An appeal from the decision of the Zoning Inspector  (3)(e)(1)  For the property located at the following address:  (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 filling fee.  The appeal or application must be filled 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: MKE WAL WORTH  Address: 27270ftkCRES7  City & ZipWfUKESHA 531  Phone: 262-549-503	- DR.	Owner of property:  MIKE WALA  DIANE WAL	WORTH
Please describe present use of premises: Stare tracker and for boot			
Briefly describe below your proposal (attach additional sheets as needed):			
Install a	Lational	parking Per	code.
		8	5
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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			
1	For Internal Us	se Only	
Amount Paid: 4100 -	Check # C.C.	Received by:	**



GAR. GRAVEL 13FT-GRAVEL REPLACE GRAVEL WITH DUST TREE SURFACE