

**VILLAGE OF HIGHLAND
APPEAL TO THE BOARD OF APPEALS**

APPEAL NUMBER _____ **FEE: \$175.00** _____ date paid

Parcel Number _____ Phone Number _____

Owner _____

Physical Address _____

Mailing Address _____

Builder _____

Address _____

To the Zoning Board of Appeals:

We the undersigned hereby make an appeal to the Zoning Administrator's opinion/decision dated _____ in the _____ case.

Explain what the Zoning Administrator granted or denied. _____

The description of the property involved in this appeal is: _____

This appeal is filed because: _____

Name(s) _____ Address _____

City _____ State _____ Zip _____

(Signed) (Signed) (Date)

Return form to Village of Highland, 530 Main St., PO Box 284, Highland, WI 53543

Phone 608.929.7781, Fax 608.929.7007, Email: bfredericks@villageofhighland.net

ACTION (to be completed by Village Clerk)

Date appeal received _____

Public hearing date _____

Zoning Board of Appeals Decision

Signed _____

Notice published _____ & _____

Notice posted _____

___ Approved ___ Denied ___ Modified

Date _____