410 Division Street
P.O. Box 146
Park Falls, WI 54552
Phone (715) 762-2436 • Fax (715)762-2437
www.cityofparkfalls.com

PETITION FOR:

[ ] Zoning Change - $350 filing fee
[ ] Appeals/Variances- $350 filing fee
[ ] Conditional Use Request - $350 filing fee

This petition is for: _____

_____

Reason for Petition: _____

_____

_____

*Add additional pages if necessary

Property Description: _____

_____

*ATTACH SITE MAP/PLAT & BUILDING CONSTRUCTION PLANS

_____
Signature of Applicant Date

_____
Address

_____
City, State & Zip

_____
Home Phone Cell Phone Email

Publication Schedule

1st Pub Date_____

2nd Pub Date_____

Meeting Schedule

Plan Commission: _____

Zoning Board of Appeals: _____

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DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Date Submitted: _____ Fee Paid: $_____

Action: [ ] Granted [ ] Denied [ ] Plans Requested Date Paid: _____

If denied, basis for denial: _____

Signature: _____ Date: _____
Scott J. Kluver, City Administrator