

400 Fourth Avenue South P.O. Box 146
Park Falls, WI 54552
Phone (715) 762-2436 • Fax (715)762-2437
www.cityofparkfalls.com

PETITION FOR:

() Zoning Change() Appeal from Zo() Conditional Use	ning Ordinance - Request - \$200	\$200 filing fee	fee	
This Petition is for:				
Reason for Petition:				
Property Description:				
*ATTACH SITE MAP/PLA	T & BUILDING CO	ONSTRUCTION PLAN	ıs	
Signature of Applicant		[Date	-
Address				-
City, State, Zip				-
Home Phone		Cell Phone	email	
Publication Schedule			Meeting	<u>z Schedule</u>
Rezoning Request Class II Notice			Plan Cor	mmission Meets:
Plan Commission Class II Notice			Zoning E	Board of Appeals Meets:



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Zoning Board Appeals	1 st Pub Date	
Class II Notice	2 nd Pub Date	

Date submitted: ______ Fee paid \$ ______ Action: () Granted () Denied () Plans Requested Date Paid \$ ______ If denied, basis for denial: ______ Brentt P. Michalek, City Administrator