

POLK COUNTY APPEAL OF ADMINISTRATIVE DECISION

Receipt Number	Fee: \$750.00
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MAKE CHECKS (black ink) PAYABLE TO:
 Polk County Zoning Department
 100 Polk County Plaza, Suite 130
 Balsam Lake, WI 54810
715-485-9111, Mon- Fri, 8:30am-4:30pm

Property Address (Number & Street or Ave)

Property Owner _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Email (optional): _____
 Phone Number: _____

**COMPLETE ALL UNSHADED AREAS
 INCOMPLETE APPLICATIONS MAY BE
 RETURNED
 PLEASE PRINT - USE BLACK INK
 RETURN ORIGINAL FORM**

LEGAL DESCRIPTION OF PROPERTY – SEE TAX BILL

Parcel # / Computer # _____ - _____ - _____	Lot #	Subdivision/CSM #	Gov't Lot
_____ ¼ _____ ¼, Sec _____ /T _____ N /R _____ W Town of _____			
Size of Parcel X = SQ FT OR Acres	Name of Lake/Pond/River/Flowage	Lake Classification <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

Specify the administrative decision being appealed

The applicant, as witnessed by the applicant's signature on this application hereby attests that the information contained therein is accurate and true. Any assistance by County staff was at the applicant's request.

Sign Here: _____ Date: _____ Cash Credit Check # _____

COMMENTS:		
Received by: _____	Date: _____	Fee: \$ _____
District	Date Received	Hearing Date/Time

