

**WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE
 PLANNING AND ZONING DIVISION
 515 West Moreland Blvd. Room AC 230
 Waukesha, Wisconsin 53188
 (262) 548-7790
 Website: www.waukeshacounty.gov**

**SUBMITTAL DATE
 OF REQUEST**

**REQUEST FOR RECONSIDERATION OF A DECISION OF THE
 WAUKESHA COUNTY BOARD OF ADJUSTMENT**

A request for reconsideration must be filed in the office of the Board no later than thirty (30) days from the date of the filing of the Board's Decision.

BOA File No.: _____

Town _____ Address of Subject Property _____

Tax Key No(s). _____ Section _____ Legal Description _____

 Owner Mailing Address City State Zip () Daytime Phone No.

 Applicant (if different) Mailing Address City State Zip () Daytime Phone No.

Email address and/or fax number: _____

A request for reconsideration must be (i) based upon new, substantial, or material evidence that could not have reasonably been presented at the previous hearing and the request shall include the reason why the evidence was not available at the original hearing, or (ii) when a previous variance or appeal was denied without hearing because the appellant (owner or agent) failed to appear for the scheduled hearing and the appellant shows good cause for such nonappearance.

REASON(S) FOR REQUEST FOR RECONSIDERATION (please describe request in detail and attach additional pages, plans, surveys, etc., as necessary):

The undersigned owner hereby certifies that all of the above statements, information and attachments contained herein (site plan/survey, building plans, exhibits, etc.) are true and accurate to the best of his or her knowledge and belief.

 Signature of the Owner Date

 Signature of the Applicant (if different from above) Date

-The filing of a request for reconsideration, the approval of a motion for reconsideration, or a hearing based upon the reconsideration does not toll or stop the running of the 30 day period to appeal the original decision of the Board to the circuit court.

-The Board may only allow one reconsideration request of a previous decision based upon a request of an appellant (owner or agent), and only one reconsideration request may be made on the application form.

-Application must be complete upon submittal. Once the public notice has been sent, no changes to the request may be made.

-If any changes or deviations from the request are desired after the public notice has been sent, a new application will be required.

-Submittal, and subsequent review, of this application may include a site inspection. Please advise the staff if dogs are not secured on the site and/or if dogs would be a problem during the inspection.

-Please advise the staff of any scheduling conflicts at the time of submittal, and we will attempt to accommodate your schedule.

FOR OFFICE USE ONLY

STEP 1 (No Fee Required):

Meeting Date for the Board to decide whether to reconsider: _____

Decision of the Board (check one): _____ will reconsider _____ will not reconsider

Note: If the Board decides that they will not reconsider, the original decision of the Board remains in effect and Step 2 below does not apply.

STEP 2 (Fee Required):

If the Board decides to reconsider, the appellant (owner or applicant) shall pay the Variance application fee and then the request will be scheduled for the next regular Board of Adjustment Meeting for discussion and action. Notice of the reconsideration shall be given as required for an original hearing.

Fee Pd.: _____

Transaction Number: _____

Reconsideration Meeting Date: _____

Staff Member Assigned: _____

**FEE REQUIRED
DATE PAID**