



**City Of Wyoming**  
26885 Forest Blvd., PO Box 188  
Wyoming, MN 55092  
Phone (651) 462-4947 Fax (651) 462-3938

**APPEAL OF ZONING ADMINISTRATOR DECISION**

This application initiates a request to the Board of Appeals to appeal a decision of the Zoning Administrator of a provision(s) of the Zoning Ordinance. All decisions of the Board of Appeals shall be deemed final in terms of exhausting local governmental remedies.

Applicant(s): Name(s) \_\_\_\_\_  
Work and home phone numbers \_\_\_\_\_  
Email: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please describe the nature of the appeal, including the particular order, requirement, decision, or determination from which the appeal is taken. The grounds for the appeal. The relief requested by you, and any other information that may be necessary or desirable to assist the Board of Appeals in making their decision.

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Signature of applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

*As the applicant for this request, I agree to reimburse the City for all expenses incurred by the City in employing planning, engineering, legal, and other professional consultants in reviewing this application. This may include the replenishment of any escrow funds as required as part of this application. Such costs shall be paid by me, the applicant, regardless of the outcome of the review and prior to commencing any work on the project. All of Article V, Division 8, Appeals, is attached to this application and by signing this application, the Applicant acknowledges that it has been read and understood.*

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Application # \_\_\_\_\_ OFFICE USE ONLY Date Application Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Complete Application Received \_\_\_\_/\_\_\_\_/\_\_\_\_ 60 Days \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_  
Official

Fee \$ Not applicable