



FOR OFFICE USE ONLY	
Date received	_____
Permit #	_____ or
Case #(s)	_____

Meeting Date	_____

APPLICATION FOR APPEAL TO COMMON COUNCIL
Form #CDI162 (rev. 03/16)

Property Address: _____ Date: _____

Appeal is for: Special Charge Reinspection Fee Board-up Fee Penalty Fee
 Vision Clearance Other _____

Amount: _____

Property Owner: _____

Petitioner: _____

Mailing Address: _____

Home Phone Number: _____ Daytime Phone Number: _____

E-mail Address: _____

Reason for Appeal (if more space is needed, please attach information to this form): _____

Petitioner's Signature: _____

Please return to:
 Department of Community Development and Inspections
 625 52nd Street, Room 100, Kenosha, Wisconsin 53140
 Phone: 262.653.4263; Fax: 262.653.4254