

CITY OF RICHLAND CENTER
APPLICATION FOR REZONING (Amendment of the zoning map)

1. Name(s) of property owner(s) of the property for which rezoning is requested:

2. Contact mailing address for Owners: _____

Contact phone number for Owners: _____

Contact email for Owners (optional): _____

3. Property address to rezone: _____

Tax Parcel Number: _____

4. Property is located in: City of Richland Center E.T.Zone

5. Rezone from _____ to _____

6. Attach a plat map, drawn to scale, showing:

a. The boundaries (lot lines) of the subject property

b. The location of all buildings and other improvements on the subject property

7. Submit a list the names and mailing addresses of all owners of real estate within 200 feet of all boundaries of the subject property.

8. Attach a copy of a deed or similar document showing full legal description of the subject property.

NOTE: A TAX BILL DESCRIPTION IS NOT SUFFICIENT

9. Complete and attach the "Reason for Request and Adjoining property Listing" form.

NOTE: You may be required, either at the time of application or at any time prior to final determination, to furnish additional data in regard to this application to enable the zoning authorities to evaluate this application. Failure to provide the requested data is grounds for summary denial of the application.

Date of Application: _____, 20__

Signatures of all owners of the property:

Application is made by: Property Owner City Council Planning Commission

CITY ACTION:

1. Date received by Zoning Admin City Clerk _____

Remarks: _____

2. Referred to Planning Commission _____

Written report to Council due on or before (60 days)

3. Public hearing for City Council date _____

4. Class II Notice printed in Official Newspaper _____ & _____

5. Date notice send to adjacent property owners _____

6. Action by City Council _____

Date of action by City Council _____

