

TOWN OF MARSHFIELD REZONING APPLICATION

OWNER/APPLICANT'S NAME: _____

ADDRESS: _____

PHONE NO: _____ CELL NO: _____

E-MAIL: _____

LEGAL DESCRIPTION: _____

TAX PARCEL NO: _____

STREET ADDRESS (if any) _____

LOT AREA & DIMENSIONS: _____

CURRENT ZONING DISTRICT: _____

CURRENT LAND USE:

LAND USE PLAN DESIGNATION: _____

PROPOSED ZONING DISTRICT: _____

PROPOSED LAND USE AND/OR STRUCTURES: _____

JUSTIFICATION FOR REZONING: _____

NAMES AND ADDRESSES OF ALL ADJOINING PROPERTY OWNERS WITHIN 500 FT:

Attach map of area, drawn to scale, outlining the parcel(s) to be re-zoned, identifying all adjacent streets, properties, and existing zoning and present uses on all adjacent properties.

The decision of the Plan Commission is advisory only. The Town Board has the final decision.

I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge.

Signature

Date

Signature

Date

Please send original application, ten (10) copies and fee of \$250 to:

**Town of Marshfield Clerk
P O Box 94
Mt. Calvary, WI 53057-0094**

RZA2018

Office Use: Date Rec'd _____ Amt Pd _____

Accepted by: _____