

APPLICATION FOR ZONING CHANGE

CITY OF WAUPACA, WISCONSIN

Owner's Name _____

Owner's Address _____

Agent's Name & Address (if submitted by agent) _____

Address of Property Affected _____

Please indicate the person to be contacted for Plan Commission meeting by checking the appropriate box.

Parcel Number _____ Date _____

Legal Description of Property _____

Present Zoning _____

Requested Zoning _____

Reason for zoning change (please specify) _____

Utilities presently available _____

Utilities required for new use _____

Elevation plans, topography maps, layouts of construction and lot would be helpful for the Plan Commission and Council to make proper decisions.

(For Office Use Only)

Date Filed: _____

Fee: \$250.00

Receipt No. _____

Date Plan Commission Meeting: _____

Date of Public Hearing: _____

Date Submitted to Council: _____