

CITY OF CLINTONVILLE
Petition for Rezoning

APPLICATION FEE \$215.00
Class 2 Notice

TO: ZONING ADMINISTRATOR
CITY HALL, 50 TENTH STREET
CLINTONVILLE, WI 54929

Date Published: _____

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The undersigned hereby petition for:

Current Zoning _____ Proposed Zoning _____

Property Address _____

1. Name and mailing address of the petitioner(s):

2. Legal description of the premises to be rezoned:

3. Reasons justifying the petition, why do you want to rezone the property:

(If additional space is required, please attach a separate sheet.)

4. Applicant must furnish a plan drawn showing the area proposed to be rezoned or otherwise affected, its location and classification of adjacent zoning districts, and the location and existing use of all properties in the area to which the petition relates.

5. The names and addresses of all owners of properties adjacent to and abutting the property requesting the rezoning:

6. The petitioner may here furnish any other information which he believes will assist in the rendition of a decision.

Applicant Signature

Date

For City Staff Use Only	
Date Received _____	
Fee Paid _____	Receipt # _____ (100-4440-11)
Meeting Date _____	
Staff Signature _____	