

PETITION FOR AMENDMENT OF ZONING ORDINANCE 17.29
CITY OF CLINTONVILLE

APPLICATION FEE \$200.00

Class 2 Notice

Date: _____

Date: _____

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

Phone: 715-823-7600

The undersigned hereby petition for:

(a) A change in the district boundaries as herein after described:

(b) An amendment of the regulations prescribed in Section 17 of the Municipal Code of Ordinances Section ____ of the City of Clintonville, Chapter 17, Zoning Ordinance, and in connection with such petition presents the following information to the City Plan Commission.

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

2. Legal description of the premises to be rezoned: _____

3. Reasons justifying the petition: _____

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

4. Applicant must furnish a plot plan drawn to a scale of not less than 1 inch equals 100 feet 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, abutting and within the area to which the petition relates. _____

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

DATE _____ PETITIONER _____

DATE RECEIVED _____ RECEIPT NUMBER _____

CITY STAFF SIGNATURE _____ MEETING DATE _____