



**Development Services Department**  
 City of Marshfield  
 207 West 6th Street  
 Phone: 715-486-2016 Fax: 715-384-7831  
 Email: developmentservices@ci.marshfield.wi.us

## Zoning Map Amendment (Rezoning) Application

### Office Use Only

Date Received:	Fee Receipt #:	Parcel #:
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### Applicant Information

Name:	Phone:	Email:
Address, City, State, Zip:		
Applicant is <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Representative/Other (Describe):		
Owner Information (If different from Applicant)		
Name:	Phone:	Email:
Address, City, State, Zip:		

### Site Information

Street Address:	Size (sq ft or acres):
Street frontages & distances:	
Current Zoning District:	Requested Zoning District:
Legal Description:	
Narrative of Request (Attach additional pages if needed):	

### Fees

Application Fee: \$250.00
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*Submission of Materials:* Required & requested documentation must be submitted to the Development Services Department by the submission deadline in order for the application to be placed on the agenda for review by the Plan Commission.

*Attendance:* Attendance at Plan Commission and Common Council meetings is not required, but it is strongly advised that applicants or their representatives attend. Failure to attend can result in the denial or delay of review due to lack of information.

*Fees:* The fee for a rezoning is \$250, and shall be submitted with the application. This fee is non-refundable, and will not be refunded if the request is denied by the Plan Commission or Common Council.

The undersigned's signature below indicates the information contained in this application and accompanying materials is true and correct. The undersigned acknowledges future work will be in conformance with ordinances & codes of the City of Marshfield and Wisconsin Statutes and Building Codes; that this form is not a permit but only an application for a Zoning Map Amendment (rezoning), and that any work dependent on the property being rezoned is not to start without the proper permit(s) and approval(s); and that any work will be in accordance with the materials reviewed with this application and applicable permit application(s). The final review of the request is by the Common Council. The undersigned authorizes City Staff, representatives of the City, Plan Commission members, and Common Council members to visit and inspect the site location listed on this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_