## MARSHFIELD • The City in the Center

## Department of Planning & Economic Development

City of Marshfield - Plan Commission P.O. Box 727 630 South Central Avenue Marshfield, WI 54449-0727 Telephone: 715-486-9139 Fax: 715-384-7631

Email: josh.miller@ci.marshfield.wi.us

## **Zoning Change Application**

FEE: \$250.00 + \$10 per acre

Office use only						
Date rec'd / by						
Comp Plan amend? Y / N						

Site Location						
Applicant		STREET A			ANGE, SECTION  ANGE, SECTION	
LOT	BLOCK	ADDI	TION OR SUBDIVISION		PROPERTY ID NUMBER	
The Areliand						
The Applicant is Owner Authorized Representative/Other (DESCRIBE)						
Property Owner (if different from Applicant)	Name Phone					
	Address	Address Fax				
	City	State Zip Code			Zip Code	
Lot Details	Frontage Right-of-Way				Vay	
	Depth Area					
	Public Utilitie	S				
Present Zoning: Present Land Use:						
Requested Zoning: Proposed Land Use Changes (if applicable):						
A rezone of the subject property is necessary for the following reasons/change in circumstances:						
Documentation	Submitted.	Cito Dian	☐ Photographs	☐ Area I	Man	
Documentation	ı Submitted					
		Survey	☐ Proof of Ownership			
Required documentation must be submitted to the Planning & Economic Development Department in order for the application to be placed on the Plan Commission meeting agenda. Although attendance by applicants at the Plan Commission meeting is optional, it is STRONGLY ADVISED that applicants make every effort to attend. Failure to attend can result in the denial or delay of an application due to incomplete information.						
I hereby apply for a zoning change, and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Marshfield and with Wisconsin Building Codes; that I understand this form is not in itself a zoning change but only an application for a zoning change and is valid only with procurement of applicable approvals.						
Applicant's Signati	ure				te	