



Town of Sheboygan
4020 Technology Parkway
Sheboygan, WI 53081
Telephone (920) 451-2320
Fax (920) 451-2323

FEE: \$500.00

REZONING APPLICATION

Date: _____ RECEIPT # _____

Parcel # _____

Date of Plan Commission Meeting: _____

If recommended approval to Town Board, Next Meeting Date:

Dates the notices for public hearing are posted (This must be done two weeks prior to the public hearing: _____ & _____

Date notice mailed to property owners within 200' of said parcel: _____

Property address or location: _____

Petitioner: _____ Phone _____

Petitioner address: _____ email: _____

Property Owner: _____ Phone _____

Owner address: _____ email: _____

I/We the undersigned, being owner(s) of all the area described hereby petition for:
A Change of Zoning from _____ to _____

Parcel Size: _____ Acres

Address/Location of Premises Affected: _____

Current Zoning Classification: _____

REQUIRED:

1. A complete application.
2. A complete legal description.
3. A site map or drawing with the parcel marked.
4. Additional information may be required by the Plan Commission or Town Board.
5. One complete full-size set of all drawings.
6. 25 sets of either 8 1/2" x 11" or 11" x 17" size plans submitted with application.

ALL FEES MUST BE PAID AT THE TIME THE APPLICATION IS FILED.

THE APPLICATION MAY BE DENIED IF NOT COMPLETE.

REZONING PERMIT APPLICATION – PAGE 2

The purpose(s) of this request is as follows: _____

Description of existing use of property involved: _____

Description of proposed operation or use: _____

If Commercial or Industrial Operation, the number of employees at present _____ and the number of anticipated employees _____.

Has previous petition been filed? YES _____ NO _____

(If previously denied, state fully on separate attached sheet of PAPER what change in the parcel or plans would warrant reconsideration.)

NOTE: THE PERMIT IS APPROVED IN TWO SEPARATE STAGES.

- 1. 1ST STAGE-PLAN COMMISSION (1ST TUESDAY OF THE MONTH) MAKES RECOMMENDATION TO TOWN BOARD.**
- 2. 2ND STAGE-TOWN BOARD AT REGULAR MEETING (3RD TUESDAY OF THE MONTH) MAKES FINAL DECISION.**

I hereby certify that all of the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

SIGNATURE _____ **DATE** _____
(Property Owner)

PROPERTY OWNERS WITHIN 200' OF THE PERIMETER OF THIS PARCEL WILL BE NOTIFIED OF THIS APPLICATION VIA U.S. MAIL.

INCOMPLETE APPLICATIONS CAN BE DENIED BY THE CLERK.

ALL FEES MUST BE PAID AT TIME THE APPLICATION IS FILED. APPLICATION FEES ARE NON-REFUNDABLE.