



Office Use Only:		
Date Filed:	_____	
Public Hearing Date:	_____	
Publication Dates:	_____	
\$400 Fee Paid:	YES	NO

Village of Ashwaubenon Rezoning Petition Zoning Map Amendment Application

Applicant / Agent Information

Name _____ Phone Number _____
(Last, First, Middle)

Address _____ Email: _____
(Street, City, Zip Code)

Property Owner Information

Name _____ Phone Number _____
(Last, First, Middle)

Address _____ Email: _____
(Street, City, Zip Code)

Parcel Information

Address _____
(Street, City, Zip Code)

Parcel ID # VA- _____ Request for Rezoning FROM _____ TO _____

Legal description: Subdivision & lot number, certified survey map, OR metes & bounds *(attach additional sheet if necessary)*

Reason for rezoning request

Please attach the following items to this application

1. A plot drawn to a scale of one inch equals one hundred (100) feet showing the area to be rezoned, its location & its dimensions.
2. A copy of the current zoning for properties adjacent to this site
3. The location and existing use of all properties within two hundred (200) feet of the area proposed to be rezoned
4. Any additional information as requested by the Village Zoning Administrator

More information may be requested by the Village Plan Commission and Village Board if deemed necessary to properly evaluate your request. The lack of information requested by this form may in itself be sufficient cause to deny the petition. If you have any questions regarding the amendment process, please contact the Village Zoning Administrator.

Applicant/Owner Verification of Information

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

Applicant Signature _____ Date _____

Owner Signature _____ Date _____