351 Alderson Street Schofield, WI 54476 mthuot@cityofschofield.org

Date of application:



Filing fee: \$200 plus \$100 publication fee

REZONING APPLICATION

Complete, accurate and specific information must be entered. Please Print.

Applicant (Full Legal Name (s)):	Applicant is Represented by: (contact person full legal names(s))
Name:	Name:
Company:	
Mailing Address:	
City/State: Zip:	
Phone:	Phone:
Email Address:	
Project Property Information:	
Property Address:	Tax Key Nos:
Property Owner(s):	
Mailing Address:	Existing Zoning:
City/State:Zip:	Existing Use:
Email Address:	

• This Application form accurately completed with original signature(s). Facsimiles and copies will not be accepted.

Application Filing Fee of \$200 plus publication fee of \$100 payable to City of Schofield.

• Legal Description for the subject property.

Email or copies of all plans/submittal materials.

Additional information as may be required.

• Upon receipt and submittal, staff review will be conducted within ten business days.

• Requires a Class II Public Hearing notice at Plan Commission.

Rezoning requests require Plan Commission review and recommendation and Common Council approval.

The applicant and property owner(s) hereby certify that: 1)All statements and other information submitted as part of this application are true and correct to the best of applicant's and property owner(s)' knowledge; and 2)The applicant and property owner(s) has/have read and understand all information in this application.

(The applicant's signature must be from a Managing Member if the business is an LLC, or from the President or Vice President if the business is a corporation). If more than one, all of the owners of the property must sign this Application).

Signature – Property Owner	Signature – Applicant
Name & Title (PRINT)	Name & Title (PRINT)
Dated:	Dated:
Signature – Property Owner	Signature – Applicant's Representative
Name & Title (PRINT)	Name & Title (PRINT)
Dated:	Dated: