



ZONING REQUEST APPLICATION

Date Submitted:

Ledgeview Zoning & Planning Commission

This application form must be submitted online at <https://townofledgeview.zoninghub.com/>
Hard copy applications will not be accepted.

Completed application must be submitted to the Zoning Administrator no less than twenty one(21) days prior to the first Monday of the month before 12:00pm (noon) to be included on that month's ZPC agenda. Zoning and Planning Commission meets the second Wednesday after the first Monday of the month at 6:00 p.m. at the Ledgeview Municipal Building.

[Click here for the ZPC meeting calendar.](#)

A Zoning Change (rezone) Application review fee of \$250 must be submitted with application and materials or, a Zoning Change Application review for a Planned Development District (PDD) of \$250 must be submitted with application and materials

1) Applicant Information

Name: _____

Business Name: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Firm Preparing Plans: _____ Contact: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

All correspondence on this application should be sent to: _____ Property Owner, OR Agent

2) Property Owner Information *This section can be left blank if the same as above.*

Name: _____

Business Name: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

3) Information regarding requested Zoning Change

Address/Location: _____

Parcel ID Number: _____

Current Zoning District: _____

Requested Zoning District: _____

Size of parcel in acres: _____

Sewer: Municipal Septic/Mound

Water: Municipal Private Water Trust Private Well

Describe the reasoning for Zoning Request:

****Please see [Sec 135 - 250](#) for additional information on Zoning Amendments****

Notes

- Attendance by the applicant is strongly encouraged at the Zoning Board of Appeals and Town Board meetings where action/approval is to take place. It is the policy of the Zoning Board of Appeals to give applicants the opportunity to speak at such meetings. Contact the Zoning Administrator for the meeting schedule.
- The applicant/owner of the above parcel(s) hereby gives permission to the Town of Ledgeview, its staff/employees, agents and/or appointees to enter the property for the purpose of executing their duties associated with this request and following proper notification to applicant/owner.
- Upon approval of request, check with the Ledgeview Zoning Administrator for any necessary permits.

4) Applicant Declarations

- The signer attests that the application has been completed accurately and all required materials have been submitted.
- Please note that the application will NOT be accepted without the **signature of the property owner**.

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE VARIANCE REQUEST PROCEDURE AND FAILURE TO COMPLY WITH TOWN REQUIREMENTS WILL RESULT IN THIS APPLICATION BEING WITHHELD FROM CONSIDERATION.

Signature of the Property Owner (Required):

Signature of the Applicant ("Agent" for the owner):

Print Name:

Print Name:

Date:

Date:

Submit all documents to:
<https://townofledgeview.zoninghub.com/>

Questions:
E: zoning@ledgeview.wi.gov
P: (920)336-3360 ext. 112

For Office Use Only

Submittal Date: _____ Staff Signature: _____

Fees Paid: Y N Check #: _____