

Termination of Approval City of Wisconsin Rapids, Wisconsin Version: January 3, 2019

Community Development Department 444 West Grand Avenue Wisconsin Rapids, WI 54495-2780 P: (715) 421-8228 Fax: (715) 421-8291

Overview: A property owner may request a termination of a prior approval such as a conditional use.		Office Use Only	
Governing regulations : The procedures and standards governing the review of this application are found in Article 5 of the City's zoning code (Chapter 11 of the municipal code).		Date Received	_
		Received By	
General instructions: Complete this application and submit one copy to the Community Development Department. Alternatively, you can submit your application online at https://wisconsinrapids.zoninghub.com/		Fee	None
		Case #	
pplication fee: None		Aldermanic District	
Application submittal deadline: Applications must be submitted at least 3 weeks prior to the meeting. Please consult the annual Planning Commission schedule for specific dates.		Plan Commission Date	
nat there is a complete under	ff: To ensure that all the required information is provided and standing of the process, the applicant must meet with City staff cessary items. Please contact the Community Development Depa	rtment to schedule an appointmen	ıt.
1. Applicant information	ı		
Applicant name			
Street address			
City, state, zip code			
Daytime telephone number			
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Term City of Page	nination of Approval of Wisconsin Rapids, Wisconsin				
5.	Reason for request Describe the reason(s) why you would like to terminate the approval.				
6.	Improvements related to the approval Describe any site improvements (e.g., signage, buildings, structures) that relate specifically to the approval being terminated.				
	Description				
1.					
2.					
3.					
4.					
5.					
6.					
<u> </u>					
7.	Attachments List any attachments included with your application.				
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8. Other information You may provide an	y other information you feel is relevant to the revi	ew of your application.
9. Mandatory meeting with staff		
When did you meet with the Community Dev	elopment Director?	Month/year
10. Applicant certification		
I certify that all of the information in th	is application, along with any attachments, is true	e and correct to the best of my knowledge and belief.
by the City, to enter the property to co	nduct whatever site investigations are necessary in the subject property, unless such inspection is	s, and other designated agents, including those retained to review this application. This does not authorize any specifically related to the review of this application and
		rill become a permanent public record and that by son has the right to obtain copies of this application and
	rator will review this application to determine if it complete, it will not be scheduled for review until it it	contains all of the required information. If he or she is deemed to be complete.
Property Owner:		
Name – print	Name – Signature	Date
Name – print	Name – Signature	