

Case Name: \_\_\_\_\_

**CITY OF LAKE MILLS**

**REQUEST FOR ZONING AMENDMENT**

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*DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY*

Date Filed: \_\_\_\_\_ Date of Hearing \_\_\_\_\_

Date of Published Notices: \_\_\_\_\_, Lake Mills Leader

Fee Paid – Receipt No.: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Comments (indicate other actions such as continuances): \_\_\_\_\_

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Action by Plan Commission: \_\_\_\_\_

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Action by Council: \_\_\_\_\_

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**NOTICE TO APPLICANTS**

1. A Zoning Amendment is a change to the Zoning Map that shows the location of the Zoning Districts within the City, and it modifies the existing zoning district for the parcels that are the subject of a Zoning Amendment Ordinance.
2. A Zoning Amendment is an exercise of the City's police powers to act for the health, safety and welfare of the public, and the exercise of these powers requires that it be done so with a reasonable basis.
3. There will be no refund of application fee for any Zoning Amendment not granted or withdrawn.
4. Incomplete applications will not be acted upon.
5. All Zoning Amendments require that the City hold a Public Hearing regarding the request, and publication of a Public Notice two times with the second notice appearing in the local newspaper at least 10 days in advance of the Public Hearing at the Plan Commission. Applicants are urged to coordinate their activities with the City Clerk-Treasurer to assure consideration of their request in as timely a manner as is reasonably possible.

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**DATA ON APPLICANT AND OWNER**

Name of Applicant(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Applicant(s): \_\_\_\_\_

Email Address of Applicant: \_\_\_\_\_

Property Interest of Applicant: \_\_\_\_\_  
(Owner/Contact Purchaser/Agent/etc.)

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Email Address of Applicant: \_\_\_\_\_

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**ADDRESS AND DESCRIPTION OF PROPERTY (if more than one parcel, attach additional page with the required information for each parcel)**

Address: \_\_\_\_\_

Width of Lot: \_\_\_\_\_ Length of Lot: \_\_\_\_\_

Lot Area (Square Feet): \_\_\_\_\_ Tax Parcel Number: \_\_\_\_\_

Legal Description (or attach legal description or survey): \_\_\_\_\_

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**LAND USE AND ZONING**

Present Zoning: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

Present Land Use: \_\_\_\_\_

Proposed Land Use: \_\_\_\_\_

	<u>Surrounding Zoning</u>	<u>Surrounding Land Use</u>
North	_____	_____
South	_____	_____
East	_____	_____
West	_____	_____

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**REASONS FOR REQUEST FOR ZONING AMENDMENT:**

**NOTE:** The following questions must be answered completely. If additional space is needed, attach extra pages to application. Before answering, read the NOTICE TO APPLICANTS attached hereto.

1. Describe the existing use of the property within the general area of the property in question.

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2. Describe the zoning classification of property within the general area of the property in question.

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3. Describe the suitability of the property in question to the uses permitted under the existing zoning classification: \_\_\_\_\_

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4. Describe the trend of development, if any, in the general area of the property in question, including changes, if any, which have taken place since the day the property in question was placed in its present zoning classification. \_\_\_\_\_

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5. Describe how the requested zoning classification will be in conformity with the Master Plan.

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**SKETCH PLAN**

A. Is a scaled plot plan indicating the location of the premises and the nature of the site attached? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Additional Exhibits submitted by Applicants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Applicants are reminded that City Code permits the City to charge the Applicant for the full cost of all engineering and planning consultant charges for work billed to the City in connection with the review of this application for a Zoning Amendment.**

**Paying the application fee: There is an application fee for this application and must be received before we can begin processing your application. A convenience fee of \$1.10 will be applied when paying by eCheck. A convenience fee of 3% will be applied when paying by credit card or debit card. Please contact the City of Lake Mills at 1-(920)-648-2344 to coordinate payment.**

**In addition to the up-front application fee, you will be responsible for paying any professional charge-back fees related to the review of this application. You will receive an invoice from the City detailing those charges.**

**I (We) certify that all of the above statements and the statement contained in any papers or plan submitted herewith are true to the best of my (our) knowledge and belief.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature (if different)

\_\_\_\_\_  
Date