



Planning and Zoning Department
 1156 Alpine Drive zoning@romewi.gov
 Nekoosa, WI 54457
 Phone: 715-325-8019 www.romewi.gov
 Fax: 715-325-8035

Office use:
 File # _____ Date received _____
 (1) Fee \$ _____ Check # _____
 Parcel # _____ Total acres (sq. ft.) _____

**PETITION FOR ZONING MAP AMENDMENT
 and COMPREHENSIVE PLAN AMENDMENT
 FEE: \$400.00⁽¹⁾**

⁽¹⁾ If the applicant does not appear or is not represented at the public hearing, the petition may be denied or tabled and the applicant may be required to pay another application fee to reschedule the hearing.

Attach plot plan or location sketch showing the entire land parcel including the location, boundaries, uses and sizes of the following: subject site, portion to be rezoned, existing and proposed structures, street rights-of-way, easements, alleys, off-street parking, loading areas, road access points, driveways and all other pertinent features.

Applicant:

Name of Owner _____
 Mailing Address _____

 Phone _____

Property Location / Description:

_____ 1/4 _____ 1/4 Sec. _____ T _____ N R _____ E
 Lot _____ Block _____ Addition _____
 Subdivision or CSM _____
 Address _____

The total area of the property is: _____ acres and the current zoning district is: _____

Current Comprehensive Plan classification is: _____

Current use of the property is: _____

I request that the comprehensive plan classification for the above described property be changed to _____

I request that the zoning classification of the above described property be changed to the _____ district.

Proposed use of the property is: _____

Proposed zoning and/or comprehensive plan classification conforms to the purpose, intent, spirit and regulations of the zoning ordinance and/or the Comprehensive Plan because: _____

²⁾ The applicant's signature on this form grants consent for Dept. staff and Plan Commissioners to enter the property for inspection related to this application. Said consent does not include consent to enter a dwelling or other structure on the property. Furthermore, the undersigned hereby applies for the zoning map change requested above and states that the information on this application and the attached documents are accurate. The application must be signed by all property owners of record. If an agent is to sign the application, written proof of authority is required to accompany the application. If the property is in a Trust, the Trustee must sign the application, provide proof of trustee authority. If needed, obtain a **TRUST INFORMATION form** from the Planning and Zoning Department. The application must be complete including an address and phone number where someone can be reached for questions or information.

Landowner signature ⁽²⁾ _____ Date _____