

CITY of BELOIT

PLANNING & BUILDING SERVICES DIVISION

100 State Street, Beloit, WI 53511

Phone: (608) 364-6700

Fax: (608) 364-6609

Zoning Map Amendment Application Form

(Please Type or Print)

File No.: _____

1. **Address of subject property:** _____

2. **Legal description: Lot:_____ Block:_____ Subdivision:_____**

(If property has not been subdivided, attach a copy of the complete legal description from deed.)

Property dimensions are: _____ feet by _____ feet = _____ square feet.

If more than two acres, give area in acres: _____ acres.

3. **Tax Parcel Number(s):** _____

4. **Owner of record:** _____ **Phone:** _____

(Address)

(City)

(State)

(Zip)

5. **Applicant's Name:** _____

(Address)

(City)

(State)

(Zip)

(Office Phone #)

(Cell Phone #)

(E-mail Address)

6. **THE FOLLOWING ACTION IS REQUESTED:**

Change zoning district classification from: _____ to: _____

All existing uses on this property are: _____

7. **All the proposed uses for this property are:**

Principal use(s): _____

Secondary use(s): _____

Accessory use(s): _____

8. I/we represent that I/we have a vested interest in this property in the following manner:

- () Owner
- () Leasehold, Length of lease: _____
- () Contractual, Nature of contract: _____
- () Other, explain: _____

9. Individual(s) responsible for compliance with conditions (if any), if request is granted:

Name(s): _____ Phone: _____

(Address) (City) (State) (Zip)

The applicant's signature below indicates the information contained in this application and on all accompanying documents is true and correct.

I/we, the undersigned, do hereby respectfully make application for and petition the City Plan Commission and City Council to grant the requested action for the purpose stated herein. I/we represent that the granting of the proposed request will not violate any of the required standards of the Zoning Ordinance of the City of Beloit. I/we also agree to abide by all applicable federal, state and local laws, ordinances, rules, and regulations.

_____/_____/_____
(Signature of Owner) (Print name) (Date)

_____/_____/_____
(Signature of Applicant, if different) (Print name) (Date)

In order for your request to be heard and considered in a timely manner, you must submit the completed application and all accompanying documents to the Division for acceptance by the filing deadline date prior to a scheduled Plan Commission meeting. This application must be submitted with the \$300.00 application fee. Applicants will also be charged a fee for mailing public notices at the rate of \$0.50 per notice. An invoice for this fee will be sent to the applicant, and it is typically between \$5.00 and \$20.00.

To be completed by Planning Staff	
Filing Fee: \$300.00	Amount Paid: _____ Meeting Date: _____
Number of notices: _____	x mailing cost (\$0.50) = cost of mailing notices: \$ _____
Application accepted by: _____	Date: _____
Date Notice Published: _____	Date Notice Mailed: _____