

# 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 Planning and Building Services Division for acceptance by the filing deadline date prior to a scheduled Plan Commission meeting. This application must be submitted with the application fee.

**To be completed by Planning Staff**

Filing Fee: **\$500.00** Amount Paid: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Application accepted by: \_\_\_\_\_ Date: \_\_\_\_\_