

PETITION FOR AMENDMENT OF ZONING ORDINANCE 17.29
CITY OF CLINTONVILLE

APPLICATION FEE \$200.00

Class 2 Notice

TO: ZONING ADMINISTRATOR
CITY HALL, 50 TENTH STREET
CLINTONVILLE, WI 54929

Date _____

Date _____

Phone: 715-823-7600

The undersigned hereby petition for:

(a) A change in the district boundaries as herein after described:

(b) An amendment of the regulations prescribed in Section 17 of the Municipal Code of Ordinances Section ____
_____ of the City of Clintonville, Chapter 17, Zoning Ordinance, and in connection with such petition presents
the following information to the City Plan Commission.

1. Name and address of the petitioner(s): _____

2. Legal description of the premises to be rezoned: _____

3. Reasons justifying the petition: _____

(If additional space is required, please attach a separate sheet.)

4. Applicant must furnish a plot plan drawn to a scale of not less than 1 inch equals 100 feet showing the area
proposed to be rezoned or otherwise affected, its location and classification of adjacent zoning districts, and the
location and existing use of all properties in the area to which the petition relates.

5. The names and addresses of all owners of properties adjacent, abutting and within the area to which the petition
relates. _____

6. Fee receipt from the City Treasurer in the amount of \$200.00. RECEIPT NO. _____

7. The petitioner may here furnish any other information which he believes will assist in the rendition of a decision.

DATE _____ PETITIONER _____

DATE RECEIVED _____ CITY STAFF SIGNATURE _____

MEETING DATE _____