

# REZONE APPLICATION

FOR OFFICE USE ONLY  
PC# \_\_\_\_\_

## CITY OF ELKHORN - DEPARTMENT OF BUILDING AND ZONING

311 SEYMOUR CT., P.O. Box 920 • ELKHORN, WI 53121

PHONE: (262)741-5124 • FAX: (262) 741-5135

Notice: This document is an Official City of Elkhorn Document. All submittals must be made on Official City of Elkhorn Documents.

I, (We), the undersigned owner(s)/agent do hereby petition the Plan Commission to grant a Zoning Amendment.

1. Address and legal description of the subject site (attach a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Tax Parcel number: \_\_\_\_\_
3. Current Zoning District: \_\_\_\_\_
4. Requested Zoning District: \_\_\_\_\_
5. Requested Zoning text amendment Section: \_\_\_\_\_
6. Petitioner's interest in the requested rezoning: \_\_\_\_\_
7. List type and number of structures, proposed operation or use of the structure(s) or site, number of employees, parking, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, (We) hereby certify that all the above statements and attachments submitted herewith are true and correct to the best of my knowledge and belief.

<b>PROPERTY OWNER</b>
_____ (Signature)
_____ Printed
Address _____
_____
Phone _____

<b>OWNER'S AGENT</b>
_____ (Signature)
_____ Printed
Address _____
_____
Phone _____

**---- FOR OFFICE USE ONLY ----**

Application Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Date Published: \_\_\_\_\_ Date Notices Mailed: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

PLAN COMMISSION RECOMMENDATION: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY COUNCIL ACTION: \_\_\_\_\_ DATE: \_\_\_\_\_