



Return To: 2445 S. Afton Rd.
Beloit, WI 53511
kdevault@townofbeloitwi.gov

Application Number _____

REZONING APPLICATION

Address and legal description of the subject site: _____

Tax Parcel Number: _____

Present Zoning Classification of the property: _____

Requested Zoning Classification for the property: _____

Petitioner's interest in the requested rezoning: _____

List type and number of structures, proposed operation of use of the structures or site, number of employees, parking facility: _____

Submit a Plot Plan drawn to scale of 1" = 100' showing area to be rezoned, its locations, dimensions, location and classification of adjacent zoning, the location and existing use of all properties within 100' of the area proposed to be rezoned.

I, (We), the undersigned owner(s)/ agent do hereby petition the Planning Commission to grant a zoning amendment.

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

PROPERTY OWNER:

OWNER'S AGENT:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Fee: Rezoning Application: \$300.00

Land Use Plan Amendment: \$500.00

Total: \$ _____