

**Town of West Bend - Washington County, Wisconsin
APPLICATION for ZONING CHANGE**

Name of Property Owner: _____

Address: _____

Phone: _____ Email: _____

Name of Applicant (if different from Property Owner): _____

Address: _____

Phone: _____ Email: _____

Property Description:

Tax Key #(s) _____ Current Zoning: _____

Proposed Zoning (check one):

- | | | |
|------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> No change | <input type="checkbox"/> SRO | <input type="checkbox"/> SMO |
| <input type="checkbox"/> R-1N | <input type="checkbox"/> B-1 | <input type="checkbox"/> C-1 |
| <input type="checkbox"/> R-1R | <input type="checkbox"/> B-2 | <input type="checkbox"/> C-2 |
| <input type="checkbox"/> R-1S | <input type="checkbox"/> SMCO | <input type="checkbox"/> P-1 |
| <input type="checkbox"/> R-1S / MU | <input type="checkbox"/> M-1 | <input type="checkbox"/> SPRO |

Property is currently used for the following purposes: _____

Reason for Zoning Change: _____

Specify the Proposed Use: _____

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Is the proposed use fully compliant with the Town of West Bend Comprehensive Plan?

Yes _____ No _____

Is a new parcel being created? Yes _____ No _____

If yes, how many new parcels (check one)? ___1 ___2 ___3 ___4 ___5 or more

If yes, has a Certified Survey Map or Plat been prepared? Yes _____ No _____

Anticipated Timeframe for Project: _____

Additional Comments _____

Application Checklist:

(This Application shall be completed in full. The Town of West Bend shall not accept any Application for Zoning Change until all of the information below, as required under Chapter 17.5.03 of the Zoning Ordinance, is submitted as attachment to this Application. Please confirm inclusion of the required information by checking each item below).

___ Plot Plan drawn to a scale of one inch equals 100 feet showing the area proposed to be rezoned, its location, its dimensions, the location and classification of adjacent Zoning Districts, and the location and existing use of all properties within 200 feet of the area proposed to be rezoned.

___ Owners Names and Addresses of all properties lying within 200 feet of the area proposed to be rezoned.

___ Additional Information as may be required by the Plan Commission, Zoning Secretary, or Zoning Administrator.

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Application Fee:

(\$500.00)

Check Number: _____

Amount: _____

Applicant Signature: _____ Date: _____

Town Clerk Signature: _____ Date: _____

Professional Services Fee:

The Town of West Bend has determined that whenever the services of the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff, as well as outside legal, planning, engineering, and other professional and technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such services fees incurred by the Town to the property owner even if the request is not approved.

I have been advised that if the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff provides services to the town because of my activities, or outside legal, planning, engineering, and other professional and technical advice is required, whether at my request or the request of the Town, I shall be responsible for the fees incurred by the Town, even if my request is not approved.

Owner Signature: _____ Date: _____