

REZONE APPLICATION

FOR OFFICE USE ONLY

PC# _____

CITY OF ELKHORN - DEPARTMENT OF BUILDING AND ZONING

9 S. BROAD ST., 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.

PROPERTY OWNER
_____ (Signature)
_____ Printed
Address _____ _____
Phone _____

OWNER'S AGENT
_____ (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: _____