

Town of Kinnickinnic
1271 County Road J River Falls, WI 54022

715-425-8082

kinniclerk@icloud.com

Land Development Application

Applicant _____
Address _____

Home Phone _____
Work Phone _____
Cell Phone _____

Property Owner _____
Address _____

Home Phone _____
Work Phone _____
Cell Phone _____

Parcel ID# _____

Request For: _____ Zoning District Change
_____ Conditional Use/Special Exception
_____ Site/Architectural Review
_____ Administrative Appeal (Text Change)

_____ Variance
_____ Land Division
_____ Waiver
_____ Other

Status of Applicant () Owner () Agent () Buyer () Other _____

Project Name _____ Existing Zoning _____ Proposed Zoning _____
Proposed Use _____ Acreage _____
Location _____
Legal Description _____

The undersigned certifies that they are familiar with State, County and local codes and procedures pertaining to this application. The undersigned further hereby certifies that the information contained in this application is true and correct to the best of their knowledge.

Signature of Applicant _____

Date _____

Signature of Owner _____

Date _____

Zoning District Change	\$ _____ (Per Fee Schedule)
Conditional Use/Special Exception	\$ _____ (Per Fee Schedule)
Site/Architectural Review	\$ _____ (Per Fee Schedule)
Administrative Appeal (Text Change)	\$ _____ (Per Fee Schedule)
Variance	\$ _____ (Per Fee Schedule)
Land Division	\$ _____ (Per Fee Schedule)
Waiver	\$ _____ (Per Fee Schedule)
Other	\$ _____ (Per Fee Schedule)
TOTAL FEES	\$ _____

Application Received By _____

Date _____