

VILLAGE OF GRANTSBURG

316 S. Brad Street Grantsburg, WI 54840 715-463-2405 FAX 715-463-5555 office@villageofgrantsburg.gov

ZONING CHANGE APPLICATION

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OWNER'S NAME:	MAILING ADDRESS:	TELEPHONE:
APPLICANT NAME (IF DIFFERENT FROM OWNER):	MAILING ADDRESS:	TELEPHONE:
PROPERTY LOCATION:		
PARCEL ID NUMBER: 07-131-2-38-19		
EXISTING ZONING DISTRICT: R-1 R-2 R-3 R-4 B-1 B-2		
B-3 □ I-1 □ A-1 □ A-2 □ PUD □		
EXISTING USE:		
PROPOSED ZONING DISTRICT: R-1 R-2 R-3 R-4 B-1 B-2		
B-3 □ I-1 □ A-1 □ A-2 □ PUD □		
EXPLANATION OF WHY THE ZONING SHOULD BE CHANGE (ATTACH ADDITIONAL PAGES IF NECESSARY):		
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I understand the fee of \$300 is due at the ti application is denied.	ime of application and this amount is	not refundable if my
Applicant Signature		
Property Owner Signature (required if different from ap	pplicant) Date	
For Office Use Only		
DATE APPLICATION RECIEVED:	DATE PAID:	
DATE ZONING CHANGE - FL CRANTED / FL	DENIED:	