



# Village of Genoa City

755 Fellows Rd • P.O. Box 428  
Genoa City, WI 53128  
262-279-6472 Office • 262-279-6611

## REQUEST TO REZONE PROPERTY PETITION

Applicant	Phone #
Address	City, State, Zip
Owner of Property (if other than applicant)	Phone #
Address	City, State, Zip
Address & Description of Parcel for Proposed Rezone	
Tax Parcel #	Zone Classification Change From _____ To _____
Property Owners Names, Addresses & Parcel #'s Within 300 Feet of the Area Proposed to be Rezoned: (attach separate sheet if add'l space needed)	
Reason for Requesting Proposed Rezone	
Proposed Use of Property	

► Attach a plan prepared by a surveyor or engineer registered in the State of Wisconsin drawn to scale of not less than one-inch equals 100 feet showing the area proposed to be rezoned, its locations, its dimensions, the location and classification of adjacent zoning districts and the location and existing use of all properties within 300 feet of the area proposed to be rezoned.

► 25 copies are required of the submitted items. (If copies are not submitted, a \$35 clerk's fee will be charged.)

► Hearing fee of \$300 due at time of submission. Additional cost of legal notice and publication will be invoiced at a later date.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_ (if other than applicant) Date \_\_\_\_\_

**FAILURE TO APPEAR MAY RESULT IN THE HEARING EITHER BEING POSTPONED AND/OR THE REQUEST TO REZONE BEING POSTPONED OR DENIED.**

More information may be requested by the Village Planning Commission if deemed necessary to properly evaluate your request. THE LACK OF INFORMATION REQUESTED MAY IN ITSELF BE SUFFICIENT CAUSE TO DENY A PETITION. If you have any questions regarding the procedure, please contact the Village Clerk's Office at 262-279-6472.

Office Use Only	Approved By: _____	Date: _____
Payment accepted by: (initials) _____ Date: _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____