

APPLICATION TO REZONE
APPLICATION FEE \$ 250.00



Home of the Apple River

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

PHONE: _____ EMAIL: _____

Parcel number and legal description of property for which you wish to rezone: _____

Current *zoning* of property: _____

What are you requesting to *rezone property as*: _____

What is the present *use* of the property you wish to rezone (including buildings): _____

What is the principal use of all the properties within 300 feet of the land you wish rezoned: _____

For what purpose will the property be used if rezoned as requested: _____

Submit to P.O. Box 356, Somerset, WI 54025: with application fee of \$250.00, two (2) copies of the application and any attachments with the Village Clerk, who will present them to the *Village Planning Commission* for public hearing and recommendation to the *Village Board*.

I have completed this application to the best of my knowledge, and believe the information herein to be true and correct. I submit that the Rezone request will not be detrimental to the general public interest and purpose of the Zoning Ordinances of the Village of Somerset.

Signature of Applicant

Date

Authorization: The Village Board, acting under the power given it under Zoning Ordinances of the Village of Somerset do hereby:

_____ Accept your application for Rezone

_____ Reject your application for Rezone

John Melvin, President

Date