

PETITION FOR A ZONING CHANGE PERMIT

Date of Application _____
Name of Applicant _____
Address _____

Phone # _____

Current Zoning of Property _____ Rezone To _____

Premises of Conditional Use (Attach Legal Description in Duplicate)

¼ Section, Section _____

Parcel Number from Tax Roles (T11 NO.) _____

Total Acres in Parcel _____ Total being re-zoned _____

Reason for Petition:

Purpose Use:

How many miles is parcel from city or village boundary? _____

Attach a plan duplicate drawn to scale showing the area proposed to be rezoned its building, location and dimension, location and classification of adjacent zoning districts, and location of all properties and property owners' names within 200 feet of area proposed to be rezoned.

SIGNATURE OF APPLICANT: _____

1. Submit this from to the Town Clerk with a check in the amount of \$250.00 made payable to The Town of Scott.
2. The Planning Commission recommends action and forwards the results to the Town Board. The Town board will make a decision and return a signed copy to the applicant.
3. The Planning Commission requests, as standard, 2 meeting dates before recommendation to the Town Board. Allow a minimum of 90 days for the approval process. All forms **MUST** be filled out completely before being accepted.

FOR OFFICE USE ONLY:

Planning Commission Recommendation: _____ Date

Signature of Plan Commission Official _____

Town Board Decision: _____ Date

Signature of Town Official _____