

City of Cuba City
108 N Main St, Cuba City WI 53807 (608-744-2152)
REZONING APPLICATION

Rezoning Application Required by City Ordinance 17.65 Changes and Amendments

INTRODUCTION

Zoning applications require a public hearing. Following the hearing, the Plan Commission will forward its recommendation to the City Council for final action.

Please complete each section of the application.

Items that must accompany an application:

1. The applicant(s) are required to submit the following with the completed application:
 - a) Boundaries and dimensions of the property
 - b) Location and dimensions of all existing and proposed buildings
 - c) The location and classification of adjacent zoning districts
 - d) Location and existing use of all properties within 200 feet of the land proposed for rezoning.
2. Payment of 50.00 Application Fee. (City Ordinance 17.65 Changes and Amendments)
3. Provide any additional information as required by the Plan Commission or City Council.

After you have submitted the above information, the City will:

1. Compile a list of names, addresses and parcel numbers of owners of all properties adjacent to and abutting the area to be proposed.
2. Notify the appropriate neighboring municipality clerk(s) if the subject property is within 200 feet of any land to be affected by the proposed change or amendment.
3. Mail, at least 10 days before the public hearing, notices to adjacent and abutting property owners, municipal clerk, the petitioner and Plan Commission.
4. Publish notice of public hearing once each week for two (2) consecutive weeks, the last publication of which shall be at least one (1) week before the public hearing.
5. The Plan Commission shall hold the public hearing and forward a recommendation to the Common Council within 60 days.
6. The Common Council may request further information and/or additional reports from the Plan Commission, the Zoning Administrator, the Applicant or any other source. After consideration of the Plan Commission's recommendations, the Common Council shall vote to approve, modify or deny the proposed change or amendment.

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The following information and documentation must be filed with the City Clerk.
 Please type or print this information:

Address of property to be rezoned	
Parcel number	
Name of property owner	
Mailing address of property owner	
Daytime phone number of property owner	
Legal description of property involved (description must come from deed) - Attach to application if necessary -	
Property is presently zoned	
Requested zoning	
Reason/Justification for rezoning request	
If the application is granted, what plans does the applicant have to develop or use the above described lands (describe the use in detail).	
How will this rezoning benefit the City?	

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I, the undersigned, being owner/owner's authorized agent of all the area herein described, hereby petition the Common Council of the City of Cuba City, Wisconsin, to rezone and make the appropriate zoning map amendment to the above described property from _____ District to _____ District

Signature **Date**

Note: More information may be requested by the Plan Commission and City Council if deemed necessary to properly evaluate your request. The lack of information requested by this form may in itself be sufficient cause to deny the petition. If you have any questions regarding the procedure, please contact the Zoning Administrator.

FOR OFFICE USE ONLY: Fee Amount: \$50.00

Date Filed: _____ Fee Paid: \$ _____

Date of Plan Commission Meeting _____

Date Property Owners' Notification Mailed _____

Dates Published _____

Plan Commission Recommendation: Approve _____ Deny _____

Common Council: Approve _____ Deny _____ Modifications (if any) _____

Properties adjacent to and abutting property proposed to be rezoned:

Parcel Number	Owner Name	Property Address	Mailing Address (if different)