

[VILLAGE OF WIND POINT - APPLICATION FOR RE-ZONING]

APPLICATION DATE _____ APPLICATION NO. _____

Parcel Number _____

Current Zoning District Designation _____ **Requested Zoning District Designation** _____

Site Address* _____

Owner _____

Telephone _____

Secondary phone _____

Mailing Address (if different from site address)

** If there is no site address yet, please identify the following:*

Subdivision Name _____ Lot _____ Block _____

_____ 1/4 of Section _____ Township _____ North Range _____ East

TO THE VILLAGE OF WIND POINT PLAN COMMISSION and VILLAGE BOARD:
The Applicant requests a change in zoning designation in the Village of Wind Point, Racine County, Wisconsin, for the following reason (s):

The applicant certifies that the above is correct and true and herewith requests permission to rezone the property under the provisions of the Village of Wind Point Zoning Ordinance

APPLICANT'S SIGNATURE

Hearing Date: _____

Fee Paid \$ _____ Receipt# _____

Zoning Administrator recommendation:

Approval Denial Approval with the following conditions: _____ Date _____

Plan Commission recommendation:

Approval Denial Approval with the following conditions: _____ Date _____

VILLAGE BOARD ACTION:

Approval Denial Approval with the following conditions: _____ Date _____