

**CITY OF CLINTONVILLE**  
**Petition for Rezoning**

APPLICATION FEE \$215.00

Class 2 Notice

TO: ZONING ADMINISTRATOR  
CITY HALL, 50 TENTH STREET  
CLINTONVILLE, WI 54929

Date Published: \_\_\_\_\_

Date Published: \_\_\_\_\_

The undersigned hereby petition for:

Current Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_

Property Address \_\_\_\_\_

1. Name and mailing address of the petitioner(s):

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2. Legal description of the premises to be rezoned:

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3. Reasons justifying the petition, why do you want to rezone the property:

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(If additional space is required, please attach a separate sheet.)

4. Applicant must furnish a plan drawn showing the area proposed to be rezoned or otherwise affected, its location and classification of adjacent zoning districts, and the location and existing use of all properties in the area to which the petition relates.

5. The names and addresses of all owners of properties adjacent to and abutting the property requesting the rezoning:

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7. The petitioner may here furnish any other information which he believes will assist in the rendition of a decision.

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

\_\_\_\_\_  
Date

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|--------------------------------|--------------------------------------|
| <b>For City Staff Use Only</b> |                                      |
| <b>Date Received</b> _____     |                                      |
| <b>Fee Paid</b> _____          | <b>Receipt #</b> _____ (100-4440-11) |
| <b>Meeting Date</b> _____      |                                      |
| <b>Staff Signature</b> _____   |                                      |