

# CITY OF ST. CROIX FALLS

## REQUEST FOR REZONING

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PROPERTY OWNER IS DIFFERENT THAN ABOVE:

NAME: \_\_\_\_\_

LOCATION OF PROPERTY YOU ARE REQUESTING TO BE REZONED: (ATTACH MAP)

\_\_\_\_\_  
\_\_\_\_\_

.....  
EXACT LEGAL DESCRIPTION OF PROPERTY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT ZONING: \_\_\_\_\_

PROPOSED ZONING: \_\_\_\_\_

PROPOSED USE OF PROPERTY: (ATTACH SITE PLAN)

\_\_\_\_\_  
\_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

FEE: \$200.00

PRESENTED TO PLAN COMMISSION: \_\_\_\_\_

PRESENTED TO CITY COUNCIL: \_\_\_\_\_

PUBLICATION DATES: \_\_\_\_\_