REZONING APPLICATION		Village of	York	ville,	Wisconsin
Owner:	Applicant/agent:				
Address:	Address:				
Telephone #:					
Fax #:	Fax #:				
E-mail:	E-mail:				
Date petition filed:	Hearing date:				
TO THE VILLAGE OF YORKVILLE PLAN COM	MMISSION:				
Please take notice that the undersigned hereby	petitions the Village of Yorkvil	le Plan Com	miss	sion t	o
consider a request to REZONE the land describe	ed in the attachment				
FROM				_ DI	STRICT
TO				_ D	ISTRICT
Village of Yorkville, # of Acres 1/4 Sec					
Parcel #					
Location/site address					
Survey or plot plan, prepared by a Wisc	Attached are	at identifies pr	oport	v owr	orchin with
dimensions (12 copies: 10 of the 12 copies					iersnip with
Legal description of land to be rezoned, p	repared by a Wisconsin registered I	and surveyor			
Names and addresses of landowners w (include across the street, highway, and/o		the area requ	ueste	d to	be rezoned
Hearing and publication fees as set by the non-refundable. Re-publication/amend			ty Pla	annino	g (Fees are
Report of existing and future land usage /	Proposed development plan				
Letter of Agent Status					
	sigr	nature			
The completed petition with all required attachment 14200 Washington Avenue, Sturtevant, WI 53177; phone 12:30 p.m. to 4:30 p.m., Monday through Friday. This rezoning application processed. Additional information Department and/or the municipality feel that such addition	e: 262-886-8440; fax: 262-886-848 is the minimal required information might be requested if the Racin	60; hours: 8:00 n that must be e County Plar	a.m sub nning	to 12 mitted & D	2:00 noon & d to have a evelopment
credit card/cash/check #:	amount received: \$				
The Village of Yorkville Planning Commission public hea 6:00 p.m. and are held in the Union Grove Municipal Cent					hey start at
STAFF USE ONLY:	VILLAGE OF YORKVILLE	PLANNING COM	MISSIC	ON:	
Recommend:	Recommend:				
() approval	() approval				