

**Town of Spring Prairie
Request for Rezone**

Name of Requestor: _____ Phone: _____

Address: _____

City, State, Zip: _____

Name of Property Owner (if different from requestor): _____

Address: _____

City, State, Zip: _____

Tax Key # _____

Address of property to be rezoned (if available) _____

For consideration by the Planning and Zoning Commission you must submit the following:

1. Sketch/drawing of the current parcel with delineation of proposed changes.
2. Signed letter of intent to make changes.
3. Driveway plans if applicable.
4. Soil maps (available from county).
5. Watershed/wetland maps if applicable (available from the WDNR, SEWRPC or county)

Requestor is responsible for the following:

1. All reasonable engineering review costs deemed necessary by the Town of Spring Prairie.
2. \$250.00 non-refundable fee for EACH rezone request.
3. Fourteen (14) complete copies of all required materials by the first day of the month when request will be heard by the Commission.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Owner Signature _____ Date _____

Owner Signature _____ Date _____

FOR TOWN USE ONLY:

Date Received: _____

Method of payment: Check Cash Amount paid: \$ _____

Scheduled to Planning & Zoning Meeting: Mo _____ Day _____ Year _____

Copy to Petitioner: Yes No

Signature of Receiving Official: _____