



**ZONE CHANGE APPLICATION**

APPLICATIONS RETURNED BY MAIL WILL NOT BE ACCEPTED

**FEE: \$400.00**

**Property Address:** \_\_\_\_\_

**Parcel ID # (s)** \_\_\_\_\_

1. **Applicant Name**

**Address, City, State & Zip Code**

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_

2. **Agent Name**

**Address, City, State & Zip Code**

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_

3. **Property Owner(s) Name**

**Address, City, State & Zip Code**

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

4. **Contract and/or Mortgage Holder Name**

**Address, City, State & Zip Code**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. The Applicants propose to change the zone from \_\_\_\_\_ to \_\_\_\_\_.

6. Please describe the current use of the lands surrounding the property (include land across roads):

\_\_\_\_\_

7. Describe the intended use of the property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. In order to have a complete application the following items must be submitted with the completed

application form. Please check off the following items to ensure a complete application:

\_\_\_\_\_ Application processing and filing fee. If paid by check, the check must be payable to the Village of New Richmond. The fee for a zone change is \$400.00.

\_\_\_\_\_ A copy of the legal description of the property. If only a portion of the subject property is being changed then a legal description prepared by a licensed surveyor for that portion to be amended or rezoned is required.

\_\_\_\_\_ Attach additional sheets with written statements explaining the reasons for the proposed zone change request. In addition, information must be provided on how the request meets the comprehensive plan amendment and zone change criteria as outlined in the information sheet provided with this application.

\_\_\_\_\_ 6 copies of the plot plan and supporting drawings, elevations, or diagrams. The plot plan cannot be smaller than 8 1/2" x 11".

9. THE APPLICANT(s) SHALL CERTIFY THAT:

(a) The above zone change request does not violate any deed restrictions that may be attached to or imposed upon one, both, or all of the subject properties.

(b) If the application is approved, the, applicant(s) will exercise the rights granted in accordance with that approval and will be subject to all conditions and limitations of approval.

(c) All of the above statements and the statements included on the plot plan and exhibits attached to the plot plan are true to the best of the applicants knowledge; and the applicants acknowledge that any permit issued on the properties may be revoked if it is found that any statements are false.

(d) The applicant(s) acknowledge that this application and all applicable policies and criteria have been read and understood, and that the requirements and criteria for approving or denying the application are also understood.

(e) The applicant(s) permit the Village to place a sign designating that a zone change request has been submitted for the subject property.

SIGNATURE(s) of APPLICANTS

NOTE: If the applicant(s) is not the property owner the current property owner MUST sign the application.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**AGENT AUTHORIZATION**

Fill out and sign this portion of the application if you (the applicant) are going to designate another individual as your agent. By signing this section you authorize the person named to act as your agent and agree to be bound by all representations and agreements made by the designated agent.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to act as my representative and agent in all matters pertaining to the processing and approval of this land use application, and agree to be bound by all representations and agreements made by the above designated agent.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Application elements submitted:

Parcel Number(s): \_\_\_\_\_

\_\_\_\_\_ (a) Title transfer

Flood Zone: \_\_\_\_\_

\_\_\_\_\_ (b) Plot plan (15 copies)

Receipt #: \_\_\_\_\_

\_\_\_\_\_ (c) Applicant Statement/questions

\_\_\_\_\_ (d) Filing fee

\_\_\_\_\_  
Date application determined complete

\_\_\_\_\_  
Application accepted by