

TOWN OF WAUSAU REZONE REQUEST APPLICATION

Please complete all information requested on this document for the purpose of obtaining a rezoning of property. Submittal is required 25 days prior to the scheduling of a hearing before Town Planning Commission. See Town of Wausau Application & Permit Fees for required fee. Following a public hearing the Town Planning Commission will make a recommendation to approve/deny to the Town Board. Final approval/denial will be made by the Town Board. All zoning changes must also be approved by Marathon County Conservation, Planning, & Zoning.

Property Owner

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Applicant/Agent representing owner

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Property Location or Legal Description _____

Tax Key Number _____

Current Zoning of Parcel _____ Zoning Change Requested _____

Parcel Size _____ or _____ Acres

AFFIDAVIT

I (We), being first duly sworn, attest that I am (we are) the Owner(s) of the property which is the subject of this application in the Town of Wausau, Marathon County, Wisconsin, and that all the information attached to or provided in support of said application, including sketches, data, and other documents and material, are honest and true to the best of my (our) knowledge.

Further, I (we) as Owner(s) of the subject property authorize and direct the Authorized agent(s) identified above to act as my (our) representative (s) in any matter regarding this application, which may include the payment of filing fees on my (our) behalf.

Further, I (we) as Owner(s) of the property subject of this application and Authorized Agent(s) understand that this application and all required forms and information must be complete and accurate, as determined by the Zoning Administrator for the Town of Wausau before a hearing on this matter can be scheduled.

Name of Owner(s)_____

Signature of Owner(s)_____

Name of Agent(s)_____

The foregoing instrument was sworn to and acknowledged before me
this _____ day of _____, _____

Notary signature_____ Commission Expires_____

Please return all 3 pages along with a map of the area to:
Town of Wausau Zoning Administrator