

Application No.	
-----------------	--

TOWN OF GARFIELD REZONING APPLICATION

Property Owner: _____

Mailing Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Contractor/Agent: _____

Mailing Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Site Address: _____

Property Location: ____ 1/4, ____ 1/4, Sec. ____, T ____ N, R ____ W

Lot #: _____ Block #: _____ Subdivision/CSM #: _____ Gov't Lot #: _____

Parcel Number (see tax bill): _____ - _____ - _____

Size of Parcel: ____ X ____ = _____ SQ. FT. OR ____ Acres

Existing Zoning District: _____ Proposed Zoning District: _____

Present improvements on the land (describe):

Reason for Request (describe):

Application No.	
-----------------	--

I, being the applicant/owner of all the area herein described, hereby petition the Town Board of the Town of Garfield, Polk County, Wisconsin, for a Rezoning Petition as authorized by the Town of Garfield Zoning Ordinance for the above described property.

I declare that this application, including any supporting documents, is true, correct and complete to the best of my knowledge. I agree to allow Town and County officials charged with administering Town and County ordinances, or their designees, to have access to the herein-described premises at any reasonable time for the purpose of inspection.

Applicant Signature: _____ Date: _____

Return with payment to:
Town of Garfield
690 Minneapolis St.
Amery, WI 54001
(715) 268-4857

FOR TOWN USE:

Received By: _____ Date Filed: _____ Fee(s) Paid: _____