

# Rezoning Application



Village of Union Grove · 925 15<sup>th</sup> Ave. Union Grove, WI 53182 · Phone: (262) 878-1818  
Fax: (262) 878-3782 · E-mail: info@wi.uniongrove.wi.gov · Website: uniongrovewi.gov

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To apply for **Rezoning**, submit this application, fee, and the attachments listed below to the Village Clerk. Application materials are accepted by mail, in the Municipal Center drop-box or in-person at the Municipal Center during normal business hours (Monday-Friday, 8 a.m. to 4:30 p.m.). Contact the Village Offices for questions at (262) 878-1818.

## Application Checklist:

- This filled in application
- Hearing & publication fees in the amount of \$300.00 payable to the Village of Union Grove (this fee is NON-REFUNDABLE)
- Survey or plot plan
- Legal description of land to be rezoned
- Names & address of land owners within 200 feet of the boundary of the area requested to be rezoned (include across the street, highway)
- Report of existing & future land usage

*The Village Board or Plan Commission may require additional information.*

## Section A. Applicant Information:

1. Full Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Full Address: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. Driver License Number: \_\_\_\_\_
6. E-mail Address: \_\_\_\_\_

## Section B. Owner Information:

1. Full Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Full Address: \_\_\_\_\_

- 4. Telephone Number: \_\_\_\_\_
- 5. Driver License Number: \_\_\_\_\_
- 6. E-mail Address: \_\_\_\_\_

**Section C. Property Zoning Information:**

- 1. Date Petition Filed: \_\_\_\_\_
- 2. Hearing Date: \_\_\_\_\_
- 3. Zoning District(s): \_\_\_\_\_
- 4. Township: \_\_\_\_\_
- 5. Site Address: \_\_\_\_\_

TO THE UNION GROVE VILLAGE BOARD: Please take note that the undersigned hereby petitions the Plan Commission to consider a request to REZONE the land described in the attachment:

FROM: \_\_\_\_\_ District                      TO: \_\_\_\_\_ District

**Section D. Certification and Signature:**

By signing this document, I affirm that all that I have recorded herein is the whole truth or I forfeit my right to registration or license; and that I will respect and follow all applicable ordinances and regulations established by the Village of Union Grove.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This Section for Office Use Only:**

STAFF:

PLAN COMMISSION:

Recommend: ( ) Approval  
                   ( ) Denial

Recommend: ( ) Approval  
                   ( ) Denial

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payment Received:
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