

ZONING CHANGE APPLICATION

TOWN OF SUN PRAIRIE • 5556 TWIN LANE ROAD • MARSHALL, WI 53559
PHONE (608) 837-6688 • FAX (608) 825-4864 • www.townofsunprairie.info

PERMIT #:

Permit Fee: \$_____ Fee Paid: ☐

Approved By: _____

Approval Date: / /

Items that must be submitted with your application:

➤ **Written Legal Description of the Proposed Zoning Boundaries**

Legal description of the land that is proposed to be changed. The description may be a lot in a plat, Certified Survey map, or an exact metes and bounds description. A separate legal description is required for each zoning district proposed. The description shall include the area in acres or square feet.

➤ **Scaled Drawing of the Location of the Proposed Zoning Boundaries**

The drawing shall include the existing and proposed zoning boundaries of the property. All existing buildings shall be shown on the drawing. The drawing shall include the area in acres or square feet.

OWNER	AGENT (Contractor, Coordinator, Other)
NAME	CONTACT NAME
BUSINESS NAME or CO-OWNER'S NAME (if applicable)	BUSINESS NAME (if applicable)
MAILING ADDRESS	MAILING ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
DAYTIME PHONE #	DAYTIME PHONE #
EMAIL	EMAIL

LAND INFORMATION

Town: _____ Parcel Numbers Affected: _____

Section: _____ Property Address or Location: _____

Zoning District Change (To / From / # of acres) _____

Soils classification of area (percentages) Class I Soils: _____ % Class II Soils: _____ % Other: _____ %

Narrative: (reason for change, intended land use, size of farm, time schedule)

☐ Separation of buildings from farmland

☐ Creation of a residential lot

☐ Compliance for existing structures and/or land uses

☐ Other

I authorize that I am the owner or have permission to act on behalf of the owner of the property.

Signature: _____ Date: _____