



**Department of Planning and Development**

Eau Claire County Courthouse  
 721 Oxford Avenue, Room 3344  
 Eau Claire, Wisconsin 54703  
 (715) 839-4741

**Office Use Only**

Application Accepted:	
Accepted By:	
Application Number:	
Town Hearing Date:	
Scheduled Hearing Date:	

**REZONING APPLICATION**

Pursuant to the procedure described in Wisconsin Statutes Section 59.69(5), I hereby petition the Eau Claire County Board of Supervisors to amend the Zoning District from:

Existing Zoning District:	Proposed Zoning District(s):
Acres to be rezoned:	

Property Owner Name:	Phone#
Mailing Address:	
Email Address:	

Agent Name:	Phone#
Mailing Address:	
Email Address:	

**SITE INFORMATION**

Site Address:

Property Description: \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ Sec. \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ W, Town of \_\_\_\_\_

Zoning District: \_\_\_\_\_ Code Section(s): \_\_\_\_\_

Overlay District:  Shoreland  Floodplain  Airport  Wellhead Protection  Non-Metallic Mining  
 Check Applicable

Computer #(s):			
or PIN #(s):			

Applications will not be accepted until the applicant has met with department staff to review the application and determine if all necessary information has been provided. All information from the checklist must be included.

<input type="checkbox"/> Complete attached information sheet	<input type="checkbox"/> Confirmed with the Town their submittal deadline and process.
<input type="checkbox"/> Provide legal description of property to be rezoned	<input type="checkbox"/> Provide \$630.00 application fee (non-refundable), (\$550.00 application processing fee and \$80.00 mapping surcharge fee). Send application to <a href="mailto:landuse@eauclairecounty.gov">landuse@eauclairecounty.gov</a> or to the address above.

I certify by my signature that all information presented herein is true and correct to the best of my knowledge. I give permission for the staff of the Eau Claire County Department of Planning and Development to enter my property for the purpose of collecting information to be used as part of the public hearing process. I further agree to withdraw this application if substantive false or incorrect information has been included.

Owner/Agent Signature: \_\_\_\_\_ Date \_\_\_\_\_

At the public hearing, the applicant may appear in person or through an agent or an attorney of his/her choice. The applicant/agent/attorney may present testimony, evidence, and arguments in support of the application. All site plans, pictures, etc. become the property of the Department, and will remain in the file.

## REZONING APPLICATION CHECKLIST

Applications are due by Tuesday at 12:00 PM three weeks prior to the Committee on Planning and Development meeting. The application must include the items listed below. After a preliminary review, additional information may be needed. A hearing will not be scheduled until the application is deemed complete. Applications are considered complete when all materials and associated fees are received and approved by staff.

### Required Application Items:

- Application must be signed by the property owner(s)
- A legal description of land and address of land to be rezoned
- Complete the attached supplemental rezoning information sheet
  - Describe the reason for the request
  - Describe how the proposed zoning district and the uses allowed in that district are appropriate for the selected location, and how the proposed change in zoning will uphold the purpose of the zoning ordinance
  - Explain and justify why this particular property is under consideration for rezoning
    - For rezoning requests from A-P to any zoning district other than the AR district must consider the factors in Section 18.32.055 A. – D.
    - For rezoning requests from the A-P to the AR zoning district must consider the factors in Section 18.06.050 A. – D.
    - For rezoning requests out of the Shoreland-wetland district must consider Section 18.19.100 B



