

## City of Richland Center

### Zoning Application – Evaluation, Reporting and Decision Form

This Zoning Form must be completed by the zoning applicant and submitted to the clerk's office along with the corresponding application fee. This form assists with three specific steps required in a Zoning Process.

**For Office Use Only**

Application # \_\_\_\_\_  
Fee: \_\_\_\_\_ ☐ Paid \_\_\_\_\_  
☐ Approved ☐ Denied  
Date \_\_\_\_\_

- 1) Application for Zoning
- 2) Evaluation of the Zoning Application
- 3) Required reporting to the decision making bodies.

Please note that incomplete applications may cause delays. Please contact the City of Richland Center Zoning Office for any related questions at 608-647-3466

With all Zoning or Rezoning Amendment requests, elected officials consider the larger land area to avoid piecemeal decisions that may lead to conflict between adjacent incompatible uses and may undermine neighborhoods and the goals established for them in land use plans and ordinances.

No zoning permit shall be issued unless, prior to issuance of the zoning permit, either a plat which meets the requirements of sec. 236.10, Wis. Stats., or a certified survey map which meets the requirements of sec. 236.34, Wis. Stats., depicting the lands upon which the proposed structure or the activity for which the zoning permit is requested, has been submitted to and approved by the City Council.

#### Property Owner Information

**Owner:**

			<b>Date</b>		
<b>Name</b>				<b>Phone #</b>	
<b>Address</b>		<b>City</b>		<b>State &amp; Zip</b>	

**Contractor:**

<b>Name</b>				<b>Phone #</b>	
<b>Address</b>		<b>City</b>		<b>State &amp; Zip</b>	

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Property Information

Parcel No(s). \_\_\_\_\_

Approximate Street Address \_\_\_\_\_

Location (Gov. Lot \_\_\_\_\_ or \_\_\_\_\_ ¼, \_\_\_\_\_ ¼), Section \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E,

City or Town of \_\_\_\_\_ Subdivision (CSM - Vol. & Page \_\_\_\_\_, Lot \_\_\_\_\_)

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## Zoning Application – Evaluation, Reporting and Decision Form

Please Check appropriate box per land location

☐ City ☐ ETZ (Extraterritorial Zoning)

### Zoning Information

Please Check one box from each column

Zoning	Zoning Permit
<input type="checkbox"/> Single Family Residential (R-1)	<input type="checkbox"/> Single Family Dwelling
<input type="checkbox"/> Multiple Family Residential (R-2)	<input type="checkbox"/> Multiple Family Dwelling
<input type="checkbox"/> Multiple Family Residential (R-3-4)	<input type="checkbox"/> Commercial
<input type="checkbox"/> Multiple Family Residential (R-5)	<input type="checkbox"/> Industrial
<input type="checkbox"/> Residential Office (R-O)	<input type="checkbox"/> Addition to existing residential building
<input type="checkbox"/> Residential Agriculture (R-A)	<input type="checkbox"/> Garage
<input type="checkbox"/> Commercial General (C-G)	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Commercial Downtown (C-DT)	<input type="checkbox"/> Fence
<input type="checkbox"/> Industrial (IND)	<input type="checkbox"/> Deck
<input type="checkbox"/> Industrial Park (I-P)	<input type="checkbox"/> Raze/Demolition
<input type="checkbox"/> Mobile Home Park (MHP)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other _____	

### Question to be answered by the Owner / Contractor

Work Description:

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Cost of Project \_\_\_\_\_

Estimated time of completion \_\_\_\_\_

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

### Notice

Please attach your CSM/Plat/Sketch with all dimensions of the project, setbacks, distance from other existing structures and any other requirements asked for from the Zoning Department.