



# ZONING REQUEST APPLICATION

## Ledgeview Zoning & Planning Commission

Date Submitted:

This application form must be submitted online at <https://townofledgeview.zoninghub.com/>  
Hard copy applications will not be accepted.

Completed application must be submitted to the Town Clerk no less than fourteen (14) days prior to the first Monday of the month before 12:00pm (noon) to be included on that month's ZPC agenda. Zoning and Planning Commission meets the second Wednesday after the first Monday of the month at 6:00 p.m. at the Ledgeview Municipal Building.  
[Click here for the ZPC meeting calendar.](#)

A Zoning Change Application review fee of \$250.00 must be submitted with materials

### 1) Applicant Information

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Firm Preparing Plans: \_\_\_\_\_ Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

All correspondence on this application should be sent to: \_\_\_\_\_ Property Owner, OR Agent

### 2) Property Owner Information *This section can be left blank if the same as above.*

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**3) Information regarding requested Zoning Change**

Address/Location: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_

Requested Zoning District: \_\_\_\_\_

Size of parcel in acres: \_\_\_\_\_

Sewer:           Municipal                   Septic/Mound

Water:           Municipal                   Private Water Trust                   Private Well

**Describe the reasoning for Zoning Request:**

**\*\*Please see [Sec 135 - 250](#) for additional information on Zoning Amendments\*\***

**Notes**

- Attendance by the applicant is strongly encouraged at the Zoning Board of Appeals and Town Board meetings where action/approval is to take place. It is the policy of the Zoning Board of Appeals to give applicants the opportunity to speak at such meetings. Contact the Town Clerk for the meeting schedule.
- The applicant/owner of the above parcel(s) hereby gives permission to the Town of Ledgeview, its staff/employees, agents and/or appointees to enter the property for the purpose of executing their duties associated with this request and following proper notification to applicant/owner.
- Upon approval of request, check with the Ledgeview Town Clerk for any necessary permits.

**4) Applicant Declarations**

- The signer attests that the application has been completed accurately and all required materials have been submitted.
- Please note that the application will NOT be accepted without the **signature of the property owner**.

**I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE VARIANCE REQUEST PROCEDURE AND FAILURE TO COMPLY WITH TOWN REQUIREMENTS WILL RESULT IN THIS APPLICATION BEING WITHHELD FROM CONSIDERATION.**

\_\_\_\_\_  
*Signature of the Property Owner (Required):*

\_\_\_\_\_  
*Signature of the Applicant ("Agent" for the owner):*

\_\_\_\_\_  
*Print Name:*

\_\_\_\_\_  
*Print Name:*

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

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

Submit all documents to:  
<https://townofledgeview.zoninghub.com/>  
  
Questions:  
E: CNagel@ledgeviewwisconsin.com  
P: (920) 336 – 3360 Ext. 104  
F: (920) 336 – 8517

Last Updated June 2019

*For Office Use Only*

Submittal Date: \_\_\_ / \_\_\_ / \_\_\_                      Staff Signature: \_\_\_\_\_

Fees Paid: Y / N