



**Village of Richfield
Planning and Zoning**

4128 Hubertus Road
Hubertus, WI 53033
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REZONING PERMIT CHECKLIST

- Pre-application meeting with Village Staff**
 - Date of meeting: _____
- Application Received**
 - Date received: _____
- Determination of completeness**
 - Date reviewed for completeness: _____
- Public Hearing notice sent to West Bend Daily News**
 - Confirmation of publication e-mail received on: _____
- Public Hearing notice published in newspaper, first insertion**
 - Date of first insertion: _____
- Public Hearing notice published in newspaper, second insertion**
 - Date of second insertion (with 7 days between last publication and public hearing):

- Notice sent to property owners within 300' of subject property**
 - Date of notice sent to surrounding property owners: _____
- Staff report sent to Plan Commission members**
 - Date is Friday before Plan Commission meeting: _____
- Staff report sent to applicant, Friday before meeting: _____**
- Meeting agenda posted at three U.S. Post Offices**
- Joint Plan Commission/Village Board public hearing**
- Plan Commission recommendation to Village Board**
- Village Board decision**
- Written decision sent to applicant and/or minutes of meeting**
- Application information stored in Lazerfish**
- Revise zoning map with Tax Key ID sent to C/S for updating**
 - Date sent to C/S: _____
 - Revised on: _____

Zoning Fee
\$400.00

REZONING PERMIT APPLICATION

Online Payment

The undersigned agrees to comply with the Village of Richfield Zoning Code of Ordinances, and the conditions of this permit; understands that the issues of this permit create no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that the information listed below is accurate.

Overview

Please fill out all forms attached in this document for the purposes of a rezoning request. Submittal deadline is 25 days prior to the next regularly scheduled Plan Commission meeting. The Plan Commission meets the first Thursday of every month at 7:30 pm. See Planning and Zoning Fee Schedule for all required fees. Conditional use permits are reviewed by the Plan Commission and Village Board. The Plan Commission meets on the first Thursday of every month and the Village Board meets on the third Thursday of every month.

Property Owner Information

Property Owner: _____ Phone: _____
Property Address: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Fax: _____ Email: _____

Agent Information (If applicable)

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax: _____ Email: _____

Project Information

Tax Parcel Number: _____ Size of Parcel (acres): _____ Zoning: _____
Existing Land Use: _____ Proposed Land Use: _____
Description/Detail of project: _____

Anticipated Date of Construction: _____
Assessed Value of the Project (for construction) and the land total: _____

****Please Attach a Legal Description of the Property****

Please describe and justify the need for the requested rezoning. Please state how your request complements surrounding land uses and conforms to all zoning ordinances and the Comprehensive Plan: _____

Please reference the property owner names, addresses, and tax key numbers for all properties that lie within 300 feet of the area where the conditional use permit is requested (See Village Hall for assistance). Attach additional sheets if necessary.

Tax Key #	Property Owner Name	Address

Property Owner Affidavit

I (we), attest that I am (we are) the Owner(s) of the property which is the subject of this application in the Village of Richfield, Washington County, Wisconsin, and that all the information attached to or provided in support of said application, including sketches, data, and any other documents and material, are honest and true to the best of my (our) knowledge.

Further, I (we) as Owner(s) acknowledge and accept the responsibility for any and all fees charged or costs incurred by the Village of Richfield to carry out the processing and review of this application; I (we) further acknowledge and understand that I (we) will be required to start an escrow account to which all processing and review costs will be charged; I (we) further acknowledge that in the event that the initial fee is not sufficient to cover all the costs associated with processing and reviewing the application I (we) will be required to provide the Village of Richfield an additional deposit; I (we) further acknowledge that the balance of any remaining fees shall be refunded within a reasonable amount of time after this application has been processed.

Further I (we) as Owner(s) of the subject property authorize and direct the Authorized Agent(s) identified above to act as my (our) representative(s) in any matter regarding this application, which may include the payment of filing fees on my (our) behalf;

Further I (we) as Owner(s) of the property subject of this application and Authorized Agent(s) understand that this application and all required forms and information must be completed and accurate, as determined by the Planning and Zoning Administrator for the Village of Richfield, before a meeting and/or public hearing (if required) can be scheduled.

Print Name of Owner(s)

Signature of Owner(s)

Name of Agents(s)