

APPLICATION FOR REZONING AND AMENDMENTS

TOWN OF ELBA
N3799 County Road T
Columbus, WI 53925

Fee Received: _____
Check Number: _____
Date: _____

1. INSTRUCTIONS:

Mail one (1) copy with fee of \$250.00 to the Town Clerk:
Town of Elba, Clerk
PO Box 191
Columbus, WI 53925
Phone : (920) 728-0269 Email: clerk@townofelba.wi.gov

2. NAMES AND ADDRESSES:

Applicant: _____ Address: _____
Phone: _____ Email: _____

Joint Applicant: _____ Address: _____
Phone: _____ Email: _____

Owner of Site: _____ Address: _____
Phone: _____ Email: _____

Opposite and Abutting Property Owners: *(NAMES AND ADDRESSES)*:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

3. DESCRIPTION OF THE SUBJECT SITE AND PROPOSED USES:

PIN Number: _____
Address (if applicable): _____
Acreage: _____ Current Zoning (if known): _____

Present use of land:

Intended use of land:

Permit required for the Construction of: _____

Size: _____ ft. wide by _____ ft. wide, Height: _____, # Stories: _____, Floor Area: _____

Structure Cost: _____ # Employees: _____

4. ATTACHMENTS

Please attach a sketch of attached Rezoning plot plans including lot lines and distances from road, lots, etc.:
Label Exhibit A

5. CERTIFICATE

I, the undersigned, hereby certify that all the above statements and information contained on the attachments submitted herewith are true and correct to the best of my knowledge and agree that all work performed, and equipment installed shall be in accordance with the Town of Elba Zoning Ordinance.

Applicant: _____ Date: _____

Joint Applicant: _____ Date: _____

Owner of Site: _____ Date: _____

APPROVAL OR REFUSAL [Town of Elba Planning Commission](#)

Action/Decision: _____

Stipulations: _____

Signed: _____

_____ Date: _____

APPROVAL OR REFUSAL [Town of Elba Board](#)

Action/Decision: _____

Stipulations: _____

Signed: _____

_____ Date: _____