

	<p align="center">CITY OF DE PERE</p> <p align="center">APPLICATION FOR REZONING</p>	Fee: \$ 350.00
		Receipt #: _____
		Date: _____

Read all instructions provided before completing. If additional space is needed, attach additional pages. Type or use black ink.

SECTION 1: Applicant / Permittee Information			
Applicant Name (Ind., Org. or Entity)	Authorized Representative	Title	
Mailing Address	City	State	ZIP Code
Email Address	Phone Number (incl. area code)	Fax Number (incl. area code)	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Name (Ind. Org. or Entity)	Contact Person	Title	
Mailing Address	City	State	ZIP Code
Email Address	Phone Number (incl. area code)	Fax Number (incl. area code)	
SECTION 3: Project or Site Location			
Project Address/Description		Parcel Number(s):	
SECTION 4: Proposed Rezoning Use			
Existing Zoning:			
Proposed Zoning:			
Adjacent Zoning: North	Adjacent Zoning: South	Adjacent Zoning: West	Adjacent Zoning: East
Present Use of Parcel			
Proposed Use of Parcel			
SECTION 5: Certification and Permission			
<p>Certification: I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this Permit Application. I certify that the information contained in this form and attachments is true and accurate. I certify that the project will be in compliance with all permit conditions. I understand that failure to comply with any or all of the provisions of the permit may result in permit revocation and a fine and/or forfeiture under the provisions of applicable laws.</p> <p>Permission: I hereby give the City permission to enter and inspect the property at reasonable times, to evaluate this notice and application, and to determine compliance with any resulting permit coverage.</p>			
Name of Owner/Authorized Representative (please print)	Title	Phone Number	
Signature of Applicant		Date Signed	

Attached additional sheets if necessary.