

**Town of Willard**  
N1510 Hwy 27  
Conrath, Wisconsin 54731  
(715) 595-4141

Application Received Date:	
Received by:	
Zoning Committee Review Date:	
Town Hearing Date:	
Resolution Number:	

### TOWN OF WILLARD PETITION TO REZONE

**Applicant**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**Owner** (if different than applicant)

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**AREA TO BE REZONED**

Gov't lot _____ 1/4 _____ 1/4 _____, Section _____, T _____ N _____, R _____ W _____ <i>(Attach separate sheet for legal description if necessary)</i>
Parcel ID Number _____ Lot size/Acres _____

**Current Zoning District** \_\_\_\_\_ **Proposed Zoning District** \_\_\_\_\_

**Reason for Request** *(Attach a separate sheet if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am requesting that the above described property be rezoned as requested. I understand that the Town of Willard Zoning Committee will do an initial review of this request and that an inspection of the property may be required in order to determine if the rezoning is compatible with surrounding land uses. I also understand that the Willard Town Board will hold a public hearing on this request and that final approval must be made by the Willard Town Board.

**Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Fee enclosed \_\_\_\_\_

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The Town of Willard Zoning Committee acknowledges that they are aware of this rezoning request and is in favor of forwarding it to the Willard Town Board for further consideration.

Zoning Committee Chair \_\_\_\_\_ Date \_\_\_\_\_