

Town of Lincoln
 S5705 County Road J
 Fall Creek, WI 54742

Office Use Only

| | |
|-------------------------|--|
| Application Accepted: | |
| Accepted By: | |
| Application Number: | |
| Town Hearing Date: | |
| Scheduled Hearing Date: | |

REZONING APPLICATION

Pursuant to the procedure described in Wisconsin Statutes Section 59.69(5), I hereby petition the Town of Lincoln to amend the Zoning District from:

| | |
|---------------------------|------------------------------|
| Existing Zoning District: | Proposed Zoning District(s): |
| Acres to be rezoned: | |

| | |
|----------------------|--------|
| Property Owner Name: | Phone# |
| Mailing Address: | |
| Email Address: | |

| | |
|------------------|--------|
| Agent Name: | Phone# |
| Mailing Address: | |
| Email Address: | |

SITE INFORMATION

Site Address:

Property Description: _____ ¼ _____ ¼ Sec. _____, T _____ N, R _____ W, Town of _____

Zoning District: _____ Code Section(s): _____

| | | | |
|-----------------------------------|--|--|--|
| Computer #(s): or PIN #(s): | | | |
|-----------------------------------|--|--|--|

Applications will not be accepted until the applicant has met with a Plan Commission member to review the application and determine if all necessary information has been provided. All information from the checklist must be included.

| | |
|--|--|
| <input type="checkbox"/> Complete attached information sheet | <input type="checkbox"/> Confirmed with the County any applicable overlay districts |
| <input type="checkbox"/> Provide legal description of property to be rezoned | <input type="checkbox"/> Provide \$630.00 application fee (non-refundable), (\$550.00 application processing fee and \$80.00 mapping surcharge fee). Send application to LincolnTownClerkFCWI@gmail.com or to the address above. |

I certify by my signature that all information presented herein is true and correct to the best of my knowledge. I give permission for the Town of Lincoln to enter my property for the purpose of collecting information to be used as part of the public hearing process. I further agree to withdraw this application if substantive false or incorrect information has been included.

Owner/Agent Signature: _____ Date _____

At the public hearing, the applicant may appear in person or through an agent or an attorney of his/her choice. The applicant/agent/attorney may present testimony, evidence, and arguments in support of the application. All site plans, pictures, etc. become the property of the Town, and will remain in the file.

REZONING APPLICATION CHECKLIST

Applications are due by Monday, three weeks prior to the Town of Lincoln Town Board monthly meeting/hearing. The application must include the items listed below. After a preliminary review, additional information may be needed. A hearing will not be scheduled until the application is deemed complete. Applications are considered complete when all materials and associated fees are received and approved by Town Plan Commission.

Required Application Items:

- Application must be signed by the property owner(s) and Eau Claire County Planning and Development Department
- A legal description of land and address of land to be rezoned
- Complete the attached supplemental rezoning information sheet
 - Describe the reason for the request
 - Describe how the proposed zoning district and the uses allowed in that district are appropriate for the selected location, and how the proposed change in zoning will uphold the purpose of the zoning ordinance
 - Explain and justify why this particular property is under consideration for rezoning
 - For rezoning requests from A-P to any zoning district other than the AR district must consider the factors in Section 18.32.055 A. – D.
 - For rezoning requests from the A-P to the AR zoning district must consider the factors in Section 18.06.050 A. – D.
 - For rezoning requests out of the Shoreland-wetland district must consider Eau Claire County Title 18 Section 18.260.150 F

******EAU CLAIRE COUNTY USE ONLY******

The County must sign off before submitting application to the Town

Overlay District:
Check Applicable

Shoreland

Floodplain

Wellhead Protection

None

Date: _____

Eau Claire County Planning and Development Signature: _____

