



**TOWN OF HIGHLAND**  
Iowa County, Wisconsin

**TOWN OF HIGHLAND  
ZONING CHANGE REQUEST FORM**

Application Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**LANDOWNER / APPLICANT CONTACT INFORMATION**

Property Owner Name: \_\_\_\_\_

Authorized Agent (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PROPERTY INFORMATION**

Property Address: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

**ZONING INFORMATION**

Existing Zoning Classification: \_\_\_\_\_ Existing Acreage: \_\_\_\_\_

Proposed Zoning Classification: \_\_\_\_\_ Total Acres to be Rezoned: \_\_\_\_\_

Reason for Requested Zoning Change: \_\_\_\_\_

**NEIGHBORING PROPERTY OWNERS**

*Please include a list of landowners who border the requested property.*

Owner Name	Property Address	Parcel Number(s)

**APPLICATION CHECKLIST**

- Completed Zoning Change Request Form
- Application Fee \$200.00. Please include a check payable to the Town of Highland.
- A copy of a preliminary survey, metes and bounds description or plot plan showing proposed development in relationship to the proposed lot lines, existing roads, water ways or other relevant features.
- An aerial photo of the proposed lot.
- An other information requested by the Town of Highland.
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**APPLICANT CERTIFICATION**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TOWN BOARD ACTION**

Decision:      Approved  
                   Denied; Reason: \_\_\_\_\_

Decision Date: \_\_\_\_\_