## **Town of Port Washington**

Town Hall, 3715 Highland Drive, Port Washington, WI 53074
Town Clerk: 262- 284-5235 <a href="mailto:clerk@town.port-washington.wi.us">clerk@town.port-washington.wi.us</a>
<a href="https://www.town.port-washington.wi.us">www.town.port-washington.wi.us</a>

## FORM 5: REZONING/ZONING TEXT AMENDMENT

To be submitted with Standard Application Form

## SUPPLEMENTAL REQUIREMENTS

Please carefully read the General Instructions of Form 1 for submitted information and process. In addition to Form 1, the following must be submitted for a rezoning or zoning text amendment:

- 1. This Form 5 with required information (#3 through 6 below) and completed checklist (page 2).
- 2. Proper fees as described on Form 1.
- 3. Written Proposal Description; a statement explaining the reasons and background for this request; including a legal description of the premises to be rezoned, the portion of the Ordinance to be amended, listing the reasons justifying the petition, specify the proposed use, and any special site and/or project matters the Town must be made aware of.

4.	Rezoning request	Current Zoning:	
		Requested Zoning:	
5.	A list of all propert	ty owners and addresses within 500 feet of the proposal.	
6.	Is the area to be rea	zoned currently zoned A-1 Exclusive Agriculture?(	(yes/no)

Applicants are encouraged to meet with planning staff prior to submitting an application for a text amendment to determine conformance of the request with the Land Use Plan.

Submitted materials must be consistent with the Town of Port Washington Zoning and Subdivision Ordinance, particularly Article XII and all other pertinent sections of Town Ordinances, State Statutes, and Ozaukee County shore land rules, the Town Land Use Plan and proper planning and land division practices. The Town shall not place any items on the agenda for Plan Commission first or second consideration until it has been verified that the application is complete in accordance with all requirements of Town ordinances and those specified in this and other application forms. In the case of a Zoning Text Amendment the submitted date, for the purposes of Zoning Ordinance Section 340-144, is the date that the entire application packet is completed (as dated by Town official on page 2).

The complete application packet, including the entire required number of copies, must be submitted at least 14 days prior to the Plan Commission meeting, at which the item will be heard. Resubmittal of materials may constitute a new submittal for timeframe purposes.

I understand the Town policies as stated herein.

Date	Signature of Applicant(s)

Completed by Applicant							
Date Submitted	Date of Plan Commission	Signature of Staff Member					
SUBMITTED: (To be completed by applicant: Check each individual blank as information is confirmed. If not applicable, mark N/A.)  Standard Application and Additional Required Information sheet (Forms 1 and 5)  Plat drawn to scale of one (1) inch equals one hundred (100) feet prepared showing all of the following:							
Zoning Map Change:  Names and addresses of the owner, subdivider and surveyor Graphic scale (minimum 1" = 100') North arrow Area to be rezoned Adjacent zoning districts (location and dimensions) Location and existing use of all properties within five hundred (500) feet of the area proposed to be rezoned Additional information required by the Town Plan Commission or Town Board							
Zoning Text Changes:  Additional information required by the Town Plan Commission or Town Board such as:  Existing ordinance language for consideration.  Proposed ordinance language for consideration.  Explanation of the consistency of this zoning text amendment with the Land Use Plan.							
Miscellaneous  Any other features pertinent to applicate Any other information required by the							

Architect							
Name							
Company							
Address	City	State	Zip				
Daytime Phone ( )	Fax ( )		<u>I</u>				
Cell	Email						
	I						
Professional Eng	ineer						
Name							
Company							
Address	City	State	Zip				
Daytime Phone ( )	Fax ( )						
Cell	Email						
D : ( 16							
Registered Surve	yor						
Name							
Company							
Address	City	State	Zip				
Daytime Phone ( )	Fax ( )	1	1				
Cell	Email						
Contractor							
Name							
Company							
Address	City	State	Zip				
Daytime Phone ( )	Fax ( )						
Cell	Email						
Con	Ellan						