



Zoning Map Amendment Application

City of Wausau | 407 Grant St Wausau WI 54403
715-261-6780 (Inspections/Zoning) | 715-261-6760 (Planning)
inspections@wausauwi.gov

If you are requesting a zoning map amendment, provide the information below. Payment must be received by the deadline of hearings/meetings¹. Should you have any questions about this form or the City's rezoning process, contact Zoning or Planning (phone numbers listed above).

¹ Fee Schedule and Deadlines is posted online <https://www.wausauwi.gov/your-government/inspections/zoning-ordinances>

1. Petitioner Info

A. Primary Petitioner

Name:	
Address:	
Phone Number:	
Email:	

B. Petitioner's Representative (if different from Primary)

Name:	
Address:	
Phone Number:	
Email:	

C. Additional Petitioners (if any)

Name:	
Address:	
Phone Number:	
Email:	

D. Additional Petitioners (if any)

Name:	
Address:	
Phone Number:	
Email:	

2. Property Owner(s)

Must list **EACH** additional property owner within the area proposed for rezoning. If the primary petitioner owns **ALL** the proposed rezoned properties, merely indicate "NONE" on Owner 1's name. Add an additional page, if necessary.

A. Owner 1

Name:	
Address:	
Phone Number:	
Email:	

B. Owner 2 (if applicable)

Name:	
Address:	
Phone Number:	
Email:	

3. Address(es) Info

A. Address(es) of Properties to be Rezoned:	
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B. Zoning District Info

Existing zoning district of the lands listed in this petition?	
Proposed zoning district of the lands listed in this petition?	
Proposed land use(s) following rezoning?	

C. Narrative, Legal Description, Map, and Other Information

Provide a **brief narrative** justifying the rezoning of the property/properties.

Attach a **legal description** for all the areas proposed for rezoning. (*Available Marathon County's Ascent Land Records.*)

Attach a **map of the area** showing the parcels proposed to be rezoned, adjacent streets, and existing zoning on the parcels.

Other Information you feel might be helpful in evaluating your proposal.

4 Payment Type

Via Online (Send billing to email address: _____)

By Check (Make Check Payable to "City of Wausau", and deliver it to City of Wausau – Zoning 407 Grant St Wausau WI 54403)

5 Signature of Petitioner

Petitioner's Print Name	Petitioner's Signature	Date