FOR PLANNED UNIT DEVELOPMENT

$200

PUD 01-2023

REZONE 01-2024

CITY OF RICHLAND CENTER
APPLICATION FOR REZONING (Amendment of the zoning map)

1. Name(s) of property owner(s) of the property for which rezoning is requested:

Cary K Norman

Lori A. Norman

2. Contact mailing address for Owners: 20279 Hwy SR, Richland Center

Contact phone number for Owners: (608) 604-1871

Contact email for Owners (optional): clnorman1953@gmail.com

3. Property address to rezone: 586 N. Main, Richland Center, WI

Tax Parcel Number: _____

4. Property is located in: City of Richland Center ☒ E.T.Zone ☐

5. Rezone from _____ to _____

6. Attach a plat map, drawn to scale, showing:

   a. The boundaries (lot lines) of the subject property

   b. The location of all buildings and other improvements on the subject property

7. Submit a list the names and mailing addresses of all owners of real estate within 200 feet of all boundaries of the subject property.

8. Attach a copy of a deed or similar document showing full legal description of the subject property.

NOTE: A TAX BILL DESCRIPTION IS NOT SUFFICIENT

9. Complete and attach the "Reason for Request and Adjoining property Listing" form.

NOTE: You may be required, either at the time of application or at any time prior to final determination, to furnish additional data in regard to this application to enable the zoning authorities to evaluate this application. Failure to provide the requested data is grounds for summary denial of the application.

Date of Application: November 22, 2023

Signatures of all owners of the property:

Cary K Norman

Lori A. Norman

CITY OF RICHLAND CENTER

REASON FOR REQUEST & ADJOINING PROPERTY LISTING FORM

DESCRIPTION OF USE OF PROPERTY IF REZONED: EXISTING - IS OLD SCHOOL

POST OFFICE USE (GOVERNMENTAL USE)
DAY CARE
APARTMENTS (1 & 2 BEDROOM)
MEDICAL OFFICES
PROFESSIONAL OFFICES
COMMUNITY BASED RESIDENTIAL FACILITY
HEALTH & RECREATION FACILITY
COMMERCIAL KITCHEN
STORAGE

LISTING OF NAMES AND MAILING ADDRESSES OF ALL OWNERS OF REAL ESTATE WITHIN 200 FEET OF AFFECTED PROPERTY:

ATTACH AND SUMBIT THIS FORM WITH YOUR REQUEST FOR REZONING, AND PLOT PLAN AS REQUESTED ON PAGE ONE. ALSO ATTACH ANY OTHER INFORMATION THAT YOU MAY FEEL IS PERTINENT TO YOUR REQUEST TO REZONE.

Application is made by: Property Owner ☒ City Council ☐ Planning Commission ☐

CITY ACTION:

1. Date received by Zoning Admin ☒ City Clerk ☐ 11/22/2023

Remarks: _____

2. Referred to Planning Commission 11/29/2023 & 12/27/2023

Written report to Council due on or before (60 days)

3. Public hearing for City Council date 1/2/2024

4. Class II Notice printed in Official Newspaper 12/14/23 & 12/21/23

5. Date notice send to adjacent property owners 12/20/23

6. Action by City Council _____

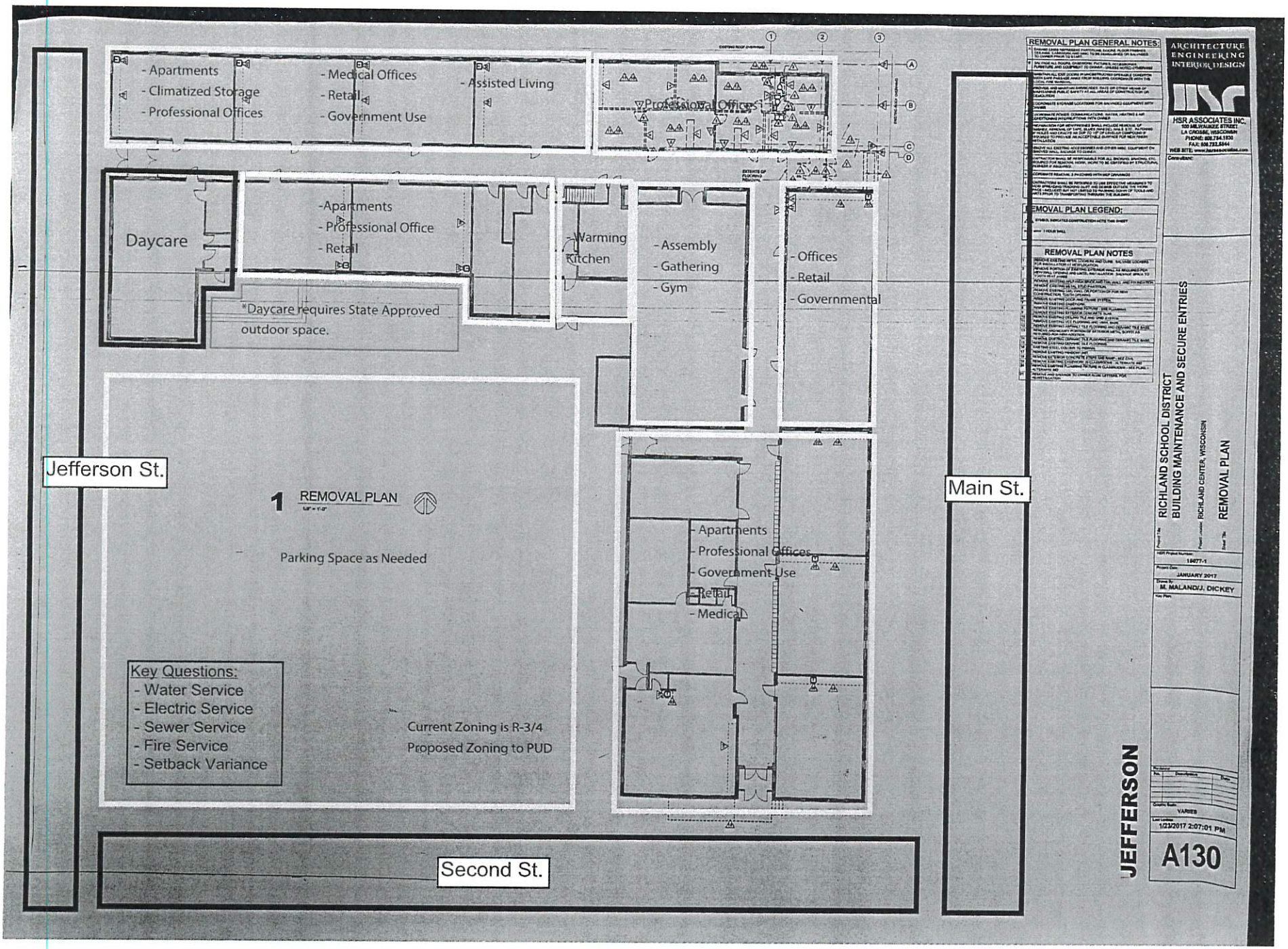
Date of action by City Council _____

REVISED:

P.C. 2/28/2024 - P.H.

NOTICED IN PAPER: 2/8/24
2/15/24

C.C. MARCH 5, 2024



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