

**TOWN OF EAGLE  
REZONING APPLICATION REQUIREMENTS**

**The Plan Commission normally meets the first Monday of each month at 7:30 p.m. All applications need to be submitted 30 days prior to this date.**

**Applicant:**

1. Pre-Application Conference: Prior to formal petition for an amendment or rezoning, the applicant must confer with the Planning Commission or appropriate Town officials, usually in the form of an appearance before the Plan Commission, in order to establish mutual understanding as to the basic concept proposed and to insure proper compliance with the requirements for processing.
2. Fill out application. Twelve (12) copies of plat map, application, cover letter or any other information must be submitted to the Town Clerk. Plans must state name of property owner or owner's agent who is responsible for submission materials. The cover letter must indicate the owner's or agent's name, address, phone, and fax; address of proposed rezoning and a complete description of proposed use(s) if applicable. Note: 2 copies are to be full-sized and 10 copies can be reduced to ledger size (11" x 17") paper.
3. Submit complete Rezoning Application.  
  
\* Submit a concept plan of the proposed uses as applicable
4. Submit list and addresses of property owners within 300 feet to the Town Clerk.
5. Submit fee of \$440.00 payable to the Town of Eagle.

**Town Clerk:**

1. Review application for accuracy and all required information.
2. If application is complete forward to Town Planner.
3. A Rezoning notice will be published in the local newspaper for 2 consecutive weeks. The last publication shall be at least one week before the hearing. Owners of all lots within 300' of the application are to be notified by ordinary mail.
4. Public hearing for Rezoning will be scheduled for the next Plan Commission meeting after notice has appeared in the newspaper for 2 weeks.

**Town Planner:**

1. Review application and complete staff review.
2. Forward the review to Town Clerk and applicant.

**Process:**

Plan Commission makes recommendation to the Town Board for Rezoning and Board renders a recommendation to the County. The Towns recommendation is forwarded to the County for final action.

If you have any questions regarding the application or requirements, contact Town Clerk at 262-594-5800.

**TOWN OF EAGLE  
REZONING APPLICATION**

I, (We), the undersigned owner(s)/agent do hereby petition the Plan Commission to grant a Zoning Amendment.

- 1) Address and legal description of the subject site: \_\_\_\_\_
  - 2) Tax parcel number: \_\_\_\_\_
  - 3) The present zoning classification: \_\_\_\_\_
  - 4) Requested Zoning Classification for the property: \_\_\_\_\_
  - 5) Requested zoning text amendment section: \_\_\_\_\_
  - 6) Petitioner's interest in the requested rezoning: (property owner, buyer, agent, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - 7) Provide the reason(s) for the rezoning request. If development is proposed, list type and number of structure(s), proposed operation of use of the structure(s) or site, number of employees, parking facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - 8) Submit a Plot Map (prepared by a surveyor or engineer) drawn to scale of 1' = 100' showing area to be rezoned, its locations, dimensions, bearings (legal description), location and classification of adjacent zoning, the location and existing use of all properties within 300' of the area proposed to be rezoned.
  - 9) Attach list of all property owners within 300' of subject lot lines.
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**Rezoning Application**

I, (We), hereby certify that all the above statements and attachments submitted herewith are true and correct to the best of my knowledge and belief.

PROPERTY OWNER

OWNER'S AGENT

Name \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Mail Address

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For Office Use Only

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Filed \_\_\_\_\_

Notices Mailed \_\_\_\_\_

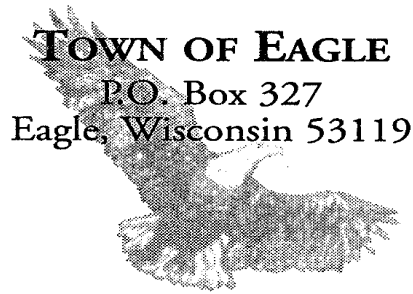
Published \_\_\_\_\_

Public Hearing \_\_\_\_\_

Filing Fee (\$440.00) \_\_\_\_\_  
Made payable to the Town of Eagle

PLAN COMMISSION RECOMMENDATION: \_\_\_\_\_  
(Date)

BOARD ACTION: \_\_\_\_\_  
(Date)



**TOWN OF EAGLE PROFESSIONAL SERVICES REIMBURSEMENT NOTICE**

**PLEASE READ AND SIGN THE FOLLOWING NOTICE:**

Pursuant to the Town of Eagle Ordinance, the Town of Eagle Town Board has made a determination that whenever the services of the Town Planner, Town Engineer, Town Attorney, Town Building Inspector or any other of the Town's professional staff results in a charge to the Town for that professional's time and services, and such services is not a service supplied to the Town as a whole, the Town Clerk shall charge that service for the fees incurred by the Town to the property owner incurring those fees even if the request is not approved. Also, pursuant to the Town of Eagle Ordinance, certain other fees, costs, and charges are the responsibility of the property owner even if the request is not approved.

I/we, the undersigned, have been advised that, pursuant to the Town of Eagle, if the Town Planner, Town Engineer, Town Attorney, Town Building Inspector or any other Town professional provides services to the Town because of my/our activities, whether at my/our request or at the request of the Town, I/we shall be responsible for the fees incurred by the Town even if my/our request is not approved. In addition, I/we have been advised that pursuant to the Town of Eagle, certain other fees, costs, and charges are my/our responsibility even if my/our request is not approved.

You will receive your first bill once charges are incurred or your issue is closed. Bills will be sent as charges become available so you are kept up to date regarding your current charges.

**PLEASE PRINT LEGIBLY**

Name & Mailing Address of the Property Owner:

\_\_\_\_\_  
Phone \_\_\_\_\_

Name & Address of Petitioner/Responsible Party for Billing (if different from above):

\_\_\_\_\_  
Phone \_\_\_\_\_

Tax Key No. of the Property Involved in the Request: EGLT \_\_\_\_\_

Request for: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Signature of Property Owner and/or Responsible Party:

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Petitioner

Phone \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness and Date

\_\_\_\_\_  
Signature of Town Official and Date

**A copy of this completed form shall be provided to the Town Clerk for billing purposes.**