



City of Onalaska, Department of Planning & Zoning, 415 Main Street, Onalaska, WI 54650

REZONING OR TEXT AMENDMENT APPLICATION

The following checklist will ensure the timely processing of your application:

- ➔ **Overview/ Cover Letter Describing the following:**
 - ▶ Detailed Description of Reason for Rezoning (Map Amendment) or Text Amendment Request
 - ▶ Conceptual Site Plan (as applicable)
- ➔ **\$300.00 Rezoning Permit Application Fee** (Payable to the City of Onalaska)
- ➔ **\$600.00 Text Amendment Permit Application Fee** (Payable to the City of Onalaska)

If incomplete, no further processing of the application will occur until the deficiencies are corrected.

A Map or Text Amendment to the City of Onalaska Unified Development Code / Zoning Ordinance may be proposed at any time. Amendments to the Zoning District Map or Overlay District Map proposed by the public shall be initiated by submitting a completed application by owners of all parcels proposed to be rezoned. The application for amendments to the Text of the UDC / Zoning Ordinance shall include the text in question, as well as the proposed text.

Request for Amendment to:

- Zoning District Map (Rezoning Map Amendment)**
- Zoning Ordinance (Text Amendment)**
- Zoning Overlay District Map (Rezoning)**

Description of Request to Amend the Unified Development Code - Zoning Ordinance: (Text and/or Map(s)):

Existing Zoning District: _____ Proposed Zoning District: _____

Per Wisconsin's Open Meeting Law, comments on this permit application, either by the applicant or concerned citizen, shall be raised in person at the scheduled meeting or brought up to City Staff (through conversation, written letter or email) for review at the scheduled meeting. Due to Wisconsin's Open Meeting Law, Plan Commissioners and Alderpersons are unable to discuss this matter outside of a scheduled public meeting. Thank you.



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Property Address:	Applicant:
Parcel Number: 18-	Contact:
Zoning District:	Mailing Address:
	City, State, Zip:
	Phone Number:
	Email: <input type="checkbox"/> Primary Contact

Business:	Property Owner:
Owner/Contact:	Contact:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:
Email: <input type="checkbox"/> Primary Contact	Email: <input type="checkbox"/> Primary Contact

The undersigned hereby makes application at the location stated herein. Ther undersigned agrees that all work shall be done in accordance with the requiremments of the City of Onalaska Unified Development Code / Zoning Ordinance and with all other applicable City Ordinances and the laws and regulations of the State of Wisconsin.

Signature of Applicant:	Date:
Signature of Property Owner:	Date: