

City of Medford  
**Standard Petition Form**

Rezoning \_\_\_\_\_

Conditional Use Permit Request \_\_\_\_\_

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*To: The Honorable Mayor and Common Council of the City of Medford*

**(I, We)**, the undersigned, being owner(s) of \_\_\_\_\_ % of the area herein described, do hereby petition the Common Council of the City of Medford, Wisconsin to **(Rezoning)** **(Grant a Conditional Use Permit)** for the following described property, located at :

(Street Address)

from \_\_\_\_\_ to \_\_\_\_\_  
(Present Zoning) (Rezoning / Conditional Use)

**Legal Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**(I, We)** have requested this **(rezoning) (conditional use permit)** for the purpose of:

\_\_\_\_\_  
\_\_\_\_\_

The following comments may be of assistance to the Medford Common Council, the Medford Planning Commission and the City Staff in reviewing this petition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please find the following items attached:

- (1). **Plot Plan** drawn to scale of one inch equaling one hundred (100) feet showing:
  - a). Area
  - b). Its Location
  - c). Dimension
  - d). Location and classification of adjacent zoning districts within 200' of the area proposed to be rezoned or granted a conditional use.
  - e). Location and existing use of all properties within 200' of the area proposed to be rezoned or granted a conditional use.

- (2). **Owners' Name and Address** of all properties lying within 200' of the above described area. (Must include both husband and wife if property is owned jointly).
  - (3). **Additional Information** required by the City Planning, Joint extraterritorial Zoning Committee or the Common Council.
  - (4). **Fee Receipt** from the City Clerk/Treasurer in the amount of **\$150.00**.
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(I, **We**) hereby certify that all of the above statements and attachments submitted herewith are true and correct to the best of (**our, my**) knowledge and belief.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date Filed

\_\_\_\_\_  
City Clerk/Treasurer