



CITY OF MARSHFIELD

CODE AMENDMENT APPLICATION
 207 W. 6TH ST, MARSHFIELD, WI 54449
 p: (715) 486-2016 | planning@ci.marshfield.wi.us

Code Amendment Application

Type of Action			
Amend Zoning Code	Amend Sign Code	Amend Subdivision Code	Other:

Site Information	
Property Address:	Present Land Use:
Legal Description and/or Parcel #:	

Applicant Information		
Name:	Phone:	Email:
Address:		
Applicant is:	Owner	Authorized representative/other (describe):
Owner information (if request is associated with a property or neighborhood)		
Name:	Phone:	Email:
Address:		

Details of Request: <i>(attach additional pages and supporting documents, if needed)</i>	
Please detail the requested change(s), purpose/why the change is needed, how the request is consistent with the City's Comprehensive Plan, benefits & outcomes if the request is approved, and the specific additions and deletions from the existing code.	
Requested Code Amendment:	

Fees
Application Fee: \$250.00

Submission of Materials: Required & requested documentation must be submitted to the Development Services Department in order for the application to be placed on the agenda for review by the Plan Commission.

Attendance: Attendance at the public hearing(s) is required. Failure to attend can result in the denial or delay of review due to lack of information.

Fees: The fee is \$250, and shall be submitted with the application. This fee is non-refundable, and will not be refunded if the request is denied by the Plan Commission or Common Council.

The undersigned's signature below indicates the information contained in this application and accompanying materials is true and correct. The undersigned acknowledges that this application has been made with the consent of the affected property owner(s); that this form is not granting an amendment but is only an application for a review of an amendment. The review of the request is by the Plan Commission & Common Council. The undersigned authorizes City Staff, representatives of the City, and Commission or Council members to visit and inspect the site location listed on this application to process your request.

Applicant Signature:

Date: