

POLK COUNTY DISTRICT CHANGE APPLICATION

Receipt Number	Fee: \$750.00
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MAKE CHECKS (black ink) PAYABLE TO:
 Polk County Zoning Department
 100 Polk County Plaza, Suite 130
 Balsam Lake, WI 54810
 715-485-9111, Mon- Fri, 8:30am-4:30pm

Property Address (Number & Street or Ave)

Property Owner _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Email (optional): _____
 Phone Number: _____

**COMPLETE ALL UNSHADED AREAS
 INCOMPLETE APPLICATIONS MAY BE
 RETURNED
 PLEASE PRINT – USE BLACK INK
 RETURN ORIGINAL FORM**

LEGAL DESCRIPTION OF PROPERTY – SEE TAX BILL

Parcel # / Computer # _____ - _____ - _____	Lot # _____	Subdivision/CSM # _____	Gov't Lot _____
_____ ¼ _____ ¼, Sec _____ /T _____ N /R _____ W		Town of _____	
Size of Parcel X = SQ FT OR Acres		Size of proposed REZONE parcel X = SQ FT OR Acres	

ADDITIONAL INFORMATION

Previous Owner	Date Purchased	Are there buildings on the parcel? <input type="checkbox"/> yes <input type="checkbox"/> no	What percent of the buildings are to be rezoned?	Name of Lake/Pond/River/Flowage	Lake Classification <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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I request a District Change/Rezone (State briefly what is being requested & why):

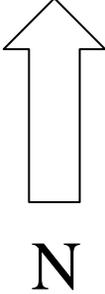
The applicant, as witnessed by the applicant's signature on this application hereby attests that the information contained therein is accurate and true. Any assistance by County staff was at the applicant's request.

Sign Here: _____ Date: _____ Cash Credit Check # _____

COMMENTS:

Received by: _____ Date: _____ Fee: \$ _____

Letter/Minutes from town board hearing <input type="checkbox"/> Yes	Hearing Date/Time	Environmental Services Committee approval <input type="checkbox"/> Yes <input type="checkbox"/> No	County Board Meeting Date	County Board approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received
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NW ¼ NW ¼	NE ¼ NW ¼	NW ¼ NE ¼	NE ¼ NE ¼		<p><u>SAMPLE PROPOSED LEGAL DESCRIPTION</u></p> <p>“Beginning at the SE Corner of Sec 32/T35N/R16W due north 1320’ thence due west 1320 to the Point of Beginning (POB) at the southeast corner of the NW ¼, SE ¼, thence 220’ due north, thence 440’ due west, thence 220’ due south, thence 440’ due east to the “Point of Beginning” (P.O.B.).—2.22 acres”</p> <p>If the property has a Certified Survey Map, please submit a copy of the map along with the application.</p>
SW ¼ NW ¼	SE ¼ NW ¼	SW ¼ NE ¼	SE ¼ NE ¼		
NW ¼ SW ¼	NE ¼ SW ¼	NW ¼ SE ¼	NE ¼ SE ¼		
SW ¼ SW ¼	SE ¼ SW ¼	SW ¼ SE ¼	SE ¼ SE ¼		

**SAMPLE
SAMPLE**

PLOT PLAN

NW ¼ NW ¼	NE ¼ NW ¼	NW ¼ NE ¼	NE ¼, NE ¼	<p><input type="checkbox"/> <u>PLOT PLAN</u> Complete Plot Plan as shown above. Draw in the location of property to be rezoned only. Describe legal description as per above sample. Locate adjoining roads/highways</p>
SW ¼ NW ¼	SE ¼, NW ¼,	SW ¼ NE ¼	SE ¼ NE ¼	
NW ¼ SW ¼	NE ¼ SW ¼	NW ¼ SE ¼	NE ¼ SE ¼	
SW ¼ SW ¼	SE ¼ SW ¼	SW ¼ SE ¼	SE ¼ SE ¼	

Proposed Legal Description

Please list all names and **complete mailing addresses** of all adjoining property owners within **300 feet** (including across the road). Provide property address if known.

Name		
Mailing Address		
Property Address		
Name		
Mailing Address		
Property Address		
Name		
Mailing Address		
Property Address		
Name		
Mailing Address		
Property Address		

NOTE: This application will not be processed until all information required has been provided. Once we receive your application, it takes at least 4-6 weeks to process your application. You will receive a notice by mail, indicating when the hearing will take place. The applicant or a representative must attend the hearing.

The Polk County Environmental Services Committee members will receive information regarding your request before the scheduled hearing date. Decisions by the Committee are generally made immediately following the applicant's hearing. Final approval from the County Board is also required if the Committee recommends granting your petition to rezone.

CONTACT YOUR LOCAL TOWNSHIP FOR ADDITIONAL REQUIREMENTS