TOWN OF RIVER FALLS

Application to Rezone Land

Owner's Name:	Phone Number	·		
Address:				
Person, business, or government initiating rezone:				
Address:				
Phone Number				
Present Zoning Change	Requested			
Parcel Number(s)				
Total Acres Location S/ T27/ R I	Description			
Improvements yes	no	If	yes,	describe
Is property located in the Extra Territorial Zone? Zoning Administrator been notified? yes _	yes no. I	f yes, has	the River	Falls City
Signature of Applicant	Date			_
Please include fees payable to the Town of River Falls:	Fees paid \$			
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Would a rezoning of the property meet the following	ng criteria?			
Do adequate public facilities exist, or could they development?	be provided in a reasona	able time,	, to accom	modate the
Could provision for public facilities to accommo ability of affected local units of government to pro		an unreas	onable bui	den on the
Is the land suitable for development and will decause unreasonable soil erosion, or have an unrea areas?	•			•
Is the rezone consistent with the Town of River Fa				
Zoning Administrator Signature				
Plan Commission action: Approval Disapprov	al Date			
Town Board action: Approval Disapproval	Date			