



# PETITION TO TOWN OF RED RIVER

Mailing Address

N8885 County Rd. DK  
Luxemburg, WI 54217

Petitioner Full Name (property owner) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ email \_\_\_\_\_

HEREBY PETITION THE TOWN OF RED RIVER PLAN COMMISSION FOR:

Variance  Rezoning  Conditional Use Permit  other \_\_\_\_\_

(Please describe in detail the nature of the petition, reference the appropriate Town Of Red River Ordinance and section involved in this petition and what the petitioner is proposing.)

Petitioner existing circumstances:

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

Petitioner is requesting:

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

(Attach additional pages of explanation if needed.)

LOCATION:

The description of the property involved in this petition is located at:

Address \_\_\_\_\_

Legal Description \_\_\_\_ ¼ of \_\_\_\_ ¼ Section \_\_\_\_ Town 25 North, Range 23 East

Parcel Number \_\_\_\_\_ Zoning District \_\_\_\_\_ Lot Size \_\_\_\_\_

Existing use of Structure or Land in question \_\_\_\_\_

REQUIRED ATTACHMENTS:

1. A site plan (see Section 10.1603 Petitions) indicating lot size, size of buildings and docks, distances between buildings and the centerlines of all abutting roads, ordinary high water mark, lot lines (identify lot markers), the sanitary waste disposal system and well. If a survey is available, please submit the survey. A Certified Survey Map is required for parcels ten (10) acres or less.
2. Building plans of the proposed project, including floor plans and elevation views. (Plan submitted with this petition will be the only plans reviewed by the Board being petitioned. A change in plans may warrant a new petition, fee, and public hearing.)
3. A statement that neither the petitioner nor any person still having an interest in the property caused the "hardship" that requires a variance/rezoning.
4. A non-refundable **\$350.00 fee payment** to defray the cost of publishing the legal notice and mailing to all interested parties; an initial **\$500 fee is required for preliminary engineer review of subdivision plat (payable to the Town Of Red River).**

PROPERTY OWNERS ADJOINING & WITHIN 500 FT. OF PROPOSED ACTIVITY

PLEASE PRINT CLEARLY (ATTACH ADDITIONAL PAGES IF NEEDED)

Name _____ Address _____ City _____ State _____ Zip _____ Telephone _____	Name _____ Address _____ City _____ State _____ Zip _____ Telephone _____
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**AUTHORIZATION FOR INSPECTION:**

I hereby authorize the members of the Town Board, Town Of Red River Plan Commission, Town Of Red River Board of Adjustments and the Zoning Administrator to enter upon the premises for which this petition is made at any reasonable time for all purposes of inspection related to this petition.

**AND**

**CERTIFICATION:**

I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief. I have read and understand the zoning and/or variance information From Chapter 10 Zoning Ordinance that pertains to this petition.

SIGNATURE OF PETITIONER OR AGENT: \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Fee \_\_\_\_\_ Date \_\_\_\_\_ Hearing Date \_\_\_\_\_

Hearing Advertised Dates \_\_\_\_\_

Decision/Conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	<u>APPROVED</u>	<u>DENIED</u>	<u>SIGNATURE</u>	<u>DATE</u>
Chairman Plan Commission	_____	_____	_____	_____
Chairman Board of Adjustment	_____	_____	_____	_____
Chairman Town Board	_____	_____	_____	_____
Supervisor Town Board	_____	_____	_____	_____
Supervisor Town Board	_____	_____	_____	_____