

**TOWN OF MARSHFIELD  
APPLICATION FOR ZONING CHANGE**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

3. Phone: \_\_\_\_\_

4. Current Zoning Classification \_\_\_\_\_

5. Proposed Zoning Classification \_\_\_\_\_

6. Existing Use of the Property \_\_\_\_\_

7. Proposed Use of the Property \_\_\_\_\_

\_\_\_\_\_

8. Legal Description of the Area to be Rezoned (on tax statement)

\_\_\_\_\_

**9. Attach a drawing or sketch of the property showing location, dimensions, existing uses, and buildings, drawn to scale.**

**10. Attach a survey map (Required if parcel to be rezoned is being split from a larger parcel.)**

A hearing will be scheduled after the application is received. Additional information may be requested by the Marshfield Town Board, or the Plan Commission.

The decision of the Plan Commission is advisory only. The Town Board has the final decision.

I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application fee is \$175.00. Make checks payable to Town of Marshfield.  
Submit fee and original application plus ten (10) copies to:**

Marlene J Sippel, Clerk  
999 Fond du Lac Street  
P O Box 94  
Mt. Calvary, WI 53057-0094