

# ZONING CHANGE APPLICATION

TOWN OF SPRINGFIELD • 6157 CTH P • DANE, WI 53529  
 PHONE (608) 849-7887 • [www.town.springfield.wi.us](http://www.town.springfield.wi.us)

PERMIT #:	_____
Permit Fee: \$_____	Fee Paid: <input type="checkbox"/>
Approved By:	_____
Approval Date:	/ /

Items that must be submitted with your application:

- **Written Legal Description of the Proposed Zoning Boundaries**  
 Legal description of the land that is proposed to be changed. The description may be a lot in a plat, Certified Survey map, or an exact metes and bounds description. A separate legal description is required for each zoning district proposed. The description shall include the area in acres or square feet.
- **Scaled Drawing of the Location of the Proposed Zoning Boundaries**  
 The drawing shall include the existing and proposed zoning boundaries of the property. All existing buildings shall be shown on the drawing. The drawing shall include the area in acres or square feet.

OWNER	AGENT (Contractor, Coordinator, Other)
NAME	CONTACT NAME
BUSINESS NAME or CO-OWNER'S NAME (if applicable)	BUSINESS NAME (if applicable)
MAILING ADDRESS	MAILING ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
DAYTIME PHONE #	DAYTIME PHONE #
EMAIL	EMAIL

LAND INFORMATION	
Town: _____	Parcel Numbers Affected: _____
Section: _____	Property Address or Location: _____
Zoning District Change (To / From / # of acres) _____	
Soils classification of area (percentages) Class I Soils: _____ % Class II Soils: _____ % Other: _____ %	
Narrative: (reason for change, intended land use, size of farm, time schedule)	
<input type="checkbox"/> Separation of buildings from farmland	<input type="checkbox"/> Creation of a residential lot
<input type="checkbox"/> Compliance for existing structures and/or land uses	<input type="checkbox"/> Other
_____	
_____	
_____	
I authorize that I am the owner or have permission to act on behalf of the owner of the property.	
Signature: _____	Date: _____