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___ Description ___________________________________

____

Improvements ____ yes ____ no If yes, describe ____

Is property located in the Extra Territorial Zone? _____ yes _____ no. If yes, has the River Falls City Zoning Administrator been notified? _____ yes _____ no.

Signature of Applicant ___________________________________ Date __________________

Please include fees payable to the Town of River Falls: Fees paid $__________________

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The following is to be completed by the Town of River Falls Zoning Administrator.

Would a rezoning of the property meet the following criteria?

Do adequate public facilities exist, or could they be provided in a reasonable time, to accommodate the development? _______

Could provision for public facilities to accommodate development place an unreasonable burden on the ability of affected local units of government to provide them? _______

Is the land suitable for development and will development not result in undue water or air pollution, cause unreasonable soil erosion, or have an unreasonably adverse effect on rare or irreplaceable natural areas? __

Is the rezone consistent with the Town of River Falls Master Plan? ____
Explain:____
____

Zoning Administrator Signature _____________________________ Date ____________________

Plan Commission action: Approval ______ Disapproval ________ Date ____________________

Town Board action: Approval ________ Disapproval _______ Date __________________

6/25/2014