



Department of City Development
730 Washington Avenue
Racine, Wisconsin 53403
Telephone: 262 636-9151; Fax: 262 635-5347

**CITY OF RACINE, WISCONSIN
COMPREHENSIVE PLAN AMENDMENT**

Please note: A Complete application must be submitted. An incomplete application may result in the delay or denial of this request. Allow at least eight to ten weeks for processing of this application.

DATE: _____

TO: Director of City Development

Applicant Name: (Print): _____

Mailing Address: Street & Number _____ City _____ State _____ Zip _____

Telephone: _____ Fax: _____ E-Mail _____

Address(es) of property(ies) involved in the amendment:

Legal description of property(ies): _____

Current Comprehensive Plan Use Designation:

Proposed Comprehensive Plan Use Designation:

Present zoning: _____

Proposed zoning: _____

Proposed use: _____

Are you the owner of the property included in the area of the requested zoning?

Yes () No () Option to Purchase () Lease ()

Signature of Applicant: _____

Signature of Owner of Property* _____

***NOTE: The owner of the property (if different than the applicant) must sign this application.**