PETITION FOR A ZONING MAP AMENDMENT TO THE
VILLAGE BOARD OF THE VILLAGE OF WEST MILWAUKEE
MILWAUKEE COUNTY, WISCONSIN

Amount $ 500.00

(The Zoning Map Amendment Form and Fee are necessary for covering costs to amend the Village Zone Map)

I, the undersigned, being owner/owner’s agent of all the area herein described, hereby petition the Village Board of the Village of West Milwaukee to rezone and make the appropriate zoning map amendment to the following described property from the ___________ to the ___________ District:

Lot _________ Block ___________ Subdivision ___________________________, or

Gov’t Lot #_________ 1/4 of the ___________ 1/4 of Section ___________,

Township ___________ North, Range ___________ East, Village of West Milwaukee.

Legal Description of Property: (attach additional sheets if needed)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Land Area ______________ acres

I have requested this rezoning for the purpose of

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

The following items must be attached:

1. Plot Plan drawn to a scale of one inch equals one hundred feet (1" = 100’), showing the area proposed to be rezoned, its location, its dimensions, the location and classification of adjacent district, and the location and existing use of all properties within one hundred (100) feet of the area proposed to be rezoned.

2. Owner’s Names and Addresses of all properties lying within one hundred (100) feet of the area proposed to be rezoned.

3. Additional Information required by the Plan commission or Village Board:
   Certified Survey Map (CSM)

I hereby certify that all the above statements and attachments submitted herewith are true and correct to the best of my knowledge and belief:

PROPERTY OWNER

Name ___________________________  Name ___________________________
Address ___________________________ Address ___________________________
Date ___________________________ Date ___________________________

Owner’s Agent

Note: More information may be requested by the Plan Commission or the Village Board if deemed necessary to properly evaluate your request. The absence of information requested by the form may in itself be sufficient cause to deny the petition. If you have any questions regarding the procedure, please contact the Administrator or the Administrative Assistant/Account Clerk at (414) 645-1350.)
ARTICLE XII. CHANGES AND AMENDMENTS

Sec. 98-311. Authority.

Whenever the public necessity, convenience, general welfare, or good zoning practice require, the Village Board of Trustees may, by ordinance, change the district boundaries or amend, change, or supplement the regulations established by this chapter or amendments thereto. Such change or amendment shall be subject to the review and recommendation of the Village Plan Commission.

Sec. 98-312. Initiation.

A change or amendment may be initiated by the Village Board or Village Plan Commission or by a petition of one (1) or more of the owners or lessees of property within the area proposed to be changed.
Sec. 98-313. Petitions.

Petitions for any change to the district boundaries or amendments to the regulations shall be filed with the Village Administrator, describe the premises to be rezoned or the regulations to be amended, list the reasons justifying the petition, specify the proposed use, and have attached the following:

1. Plot plan drawn to a scale of one (1) inch equals 100 feet showing the area proposed to be rezoned, its location, its dimensions, the location and classification of adjacent zoning districts, and the location and existing use of all properties within 100 feet of the area proposed to be rezoned.

2. Owners names and addresses of all properties lying within 100 feet of the area proposed to be rezoned.

3. Additional information required by the Village Plan Commission or Village Board.

Sec. 98-314. Review and recommendations.

The Village Plan Commission shall review all proposed changes and amendments within the corporate limits and shall recommend that the petition be granted as requested, modified and granted, or denied.

Sec. 98-315. Hearings.

The Village Board shall hold a public hearing upon each petition giving public notice thereof as specified in Article XIII of this chapter, listing the time, place, and the changes of amendments proposed. The Village Board shall also give at least ten (10) days' prior written notice to the clerk of any municipality within 1,000 feet of any land to be affected by the proposed change or amendment.

Sec. 98-316. Village Board's action.

As soon as possible after such public hearing, and after careful consideration of the Village Plan Commission's recommendations, the Village Board shall act on the petition either approving, modifying and approving, or disapproving of the same.

Sec. 98-317. Protest.

In the event of a protest against such district change or amendment to the regulations of this chapter, duly signed and acknowledged by the owners of 20 percent or more of the areas of the land included in such proposed change, or by the owners of 20 percent or more of the land in the perimeter extending 100 feet therefrom, such change or amendment shall not become effective except by the favorable vote of three-fourths (3/4) of the Village Board members voting.

VILLAGE OF WEST MILWAUKEE

- NOTICE -

PLEASE BE ADVISED:

That pursuant to the Village of West Milwaukee Code of Ordinances, the Village of West Milwaukee Village Board has determined that whenever the services of the Village Attorney, Village Engineer, or any other of the Village's professional staff results in a charge to the Village for that professional's time and services, and such service is not a service supplied to the Village as a whole, the Village Clerk shall charge that service for the fees incurred by the Village. Also be advised, that pursuant to the Village of West Milwaukee Code of Ordinances, certain other fees, costs, and charges are the responsibility of the property owner.

I, the undersigned, have been advised that, pursuant to the Village of West Milwaukee Code of Ordinances, if the Village Attorney, Village Engineer, or any other Village professional provides services to the Village as a result of my activities, whether at my request or at the request of the Village, I shall be responsible for the fees incurred by the Village. Also, I have been advised that pursuant to the Village of West Milwaukee Code of Ordinances, certain other fees, costs, and charges are my responsibility.

SIGNATURE OF PROPERTY OWNER

PLEASE PRINT: NAME OF PROPERTY OWNER: _______________________________________

ADDRESS OF PROPERTY OWNER: ____________________________________________

TAX KEY NUMBER OF PROPERTY: _______________________________________

ADDRESS OF PROPERTY: ____________________________________________

DATE: ___________________________________

WITNESS: ___________________________________________________________________

(Signature)

(Print Name)

VILLAGE OFFICIAL ACCEPTING FORM: _______________________________________

DATE: ___________________________________
PLAN OF OPERATIONS

1. Name of Business______________________________________________________________

   Address_____________________________________________________________________

   Phone Number________________________________________________________________

   Years in operation_____________________________________________________________

   At what address________________________________________________________________

2. Name of owner________________________________________________________________

   Address_______________________________________________________________________

   Phone Number__________________________________________________________________

3. Name of operator (if different from owner)_______________________________________

   Address_______________________________________________________________________

   Phone Number__________________________________________________________________

4. Type of Business (detailed explanation of business)_________________________________

   ____________________________________________________________________________

   ____________________________________________________________________________

5. Zoning of Property________________________________________________________________

6. Zoning of Property to the:

   North: _____ Use of Property that property____________________

   East: ______ Use of Property that property_______________________

   West: ____ Use of Property that property_______________________

   South: _____ Use of Property that property_______________________

7. List all chemicals stored in all the buildings:

   Building A:______________________________________________________________

   Building B:______________________________________________________________

   Building C:______________________________________________________________

   Contact person for Fire Dept. purposes________________________________________

   Daytime Telephone No _____________________________ Night time No._____________
8. Specific Use of Property and Buildings:

Building A: ____________________________________________

Building B: ____________________________________________

Building C: ____________________________________________

Outdoors uses __________________________________________

9. Maximum Number of Employees _____________________________

10. Days of Operation ________________________________________
    Hours of Operation ________________________________________

11. Parking:
    A. Number of spaces available ____________________________
    B. Dimensions of parking lot ______________________________
    C. Parking Lot construction: Paved ______ Gravel ______ Grass ______
    D. Is employee parking included in “Number of spaces available”? Yes _____ No ______
    E. Type of screening: Fencing ______ plantings ______

12. Outdoor Lighting:
    Type __________________________________________________
    Location ______________________________________________

13. Signs:
    Type: Free standing ______ Attached to building ______
    Lighted ______ Mobile ______
    Single or double faced ___________________________________
    Size ______ Location ___________________________________

14. Is there any food service or vending machines incorporated in this proposal? Yes ____ No ____

If yes, How many? ______ What type? ______________________
*Please contact West Allis Health Dept. for Food/Restaurant License (414) 302-8600.
15. Are there any game machines in this proposal? Yes _____ No _____

   If yes, How many? _____ What type? ________________________________

16. Is there any type of music in this proposal? Yes _____ No _____

   If yes, Juke Box: _____ Live: _____ Days of week: _________ Hrs: ______

17. Type of refuse disposal: Municipal _______ Private ________________

18. Is a highway access permit needed from the State, County, or local Municipality?

   Yes_______ No _______

   If yes, have you secured a permit? Yes _____ No _____

19. Is there a need for any special type of security fencing? Yes _____ No _____

   If yes, what type? ________________________________________________

20. Date of approval by the Department of Natural Resources of the well for the proposed use:

    (if applicable) __________________________________________________

21. Date of approval by the County Health Department for the existing septic system:

    (if applicable) __________________________________________________

22. What type of sanitary facilities are to be installed for the proposed operation?

    _________________________________________________________________

23. Do you feel there will be any problems such as odor, smoke, noise, light, or vibration resulting from this operation? Yes _____ No _____ If yes, explain ________________________________

24. Surface water drainage facilities (describe and/or include on site plan): ____________

    _________________________________________________________________
25. Is a liquor license or any other special license to be obtained from the local Municipality or State Licensing agencies? Yes _____ No _____

If yes, explain ____________________________________________________________

26. Did Wisconsin State Department of Industry Labor and Human Relations approve building plans? Yes _____ No _____

27. Is this an expansion of an existing operation? Yes _____ No _____

If yes, are there currently any permits under other names, other than what are indicated on this application?: Names ____________________________________________

__________________________________________________________

28. Any other information/details ____________________________________________

A DETAILED SITE PLAN WITH DIMENSIONS OF ALL BUILDINGS, PARKING AREAS, SIGN LOCATIONS AND OTHER PERTINENT DATA IS TO BE SUBMITTED WITH ALL APPLICATIONS.

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Does this building need to add a sprinkler system and/or fire alarm system? Yes _____ No _____

Applicant responsible to follow up with both the state and municipal contacts to confirm. Municipal requirements might be different than state. W. Milw Fire Inspector: 414-645-1530 x129

__________________________________________

(Date of Filing) ____________  (Applicant's Signature) ____________