



PETITION FOR REZONING APPLICATION

Application is due approximately 4 weeks prior to the
meeting date

235 Hickory St - Pewaukee WI 53072—villagehall@villageofpewaukee.wi.gov—262-691-5660

PROPERTY INFORMATION

_____ hereby petitions the Village of Pewaukee for a change in zoning of the
following property:

Address/Parcel no. of property involved: PWV: _____

Please include an exact legal description of the property with your submittal. In the case of a request that involves only a portion
of parcel(s), be sure to include a legal description that denotes exactly which portion of the affected parcel(s) is to be considered
for rezoning.

Present Use/Zoning of Property: _____

Proposed Use/Zoning of Property: _____

PROPERTY / PROPERTY OWNER INFORMATION

Property Address: _____ Tax Key: PWV _____

Zoning of Property: _____ Property Owner Name: _____

Property Owner Email: _____ Property Owner Phone #: _____

APPLICANT INFORMATION (IF DIFFERENT THAN OWNER)

Applicant Name: _____ Applicant Phone #: _____

Applicant Address: _____

Applicant Email: _____

SIGNATURES

Application will not be processed without a completed Professional Services Agreement.

This signature authorizes the Village of Pewaukee to process the Rezoning Petition for my property and further authorizes the
Village or its representatives to conduct reasonable and routine inspections of my property for the purposes of evaluating this
Petition. I acknowledge that to proceed with my application a Professional Services Reimbursement agreement is required.

Signature of Property Owner: _____ Date: _____

Signature of Applicant: _____ Date: _____

DIRECTIONS

Please include the following required items with this application:

- One paper copy of the submittal, including plans/drawings/applicable attachments in a size 11x17 page size or less.
Also provide one full scale copy if larger than 11x17.
- One digital copy of the submittal, including plans/drawings/applicable attachments. (USB/Email) ☐
- Completed Professional Services Reimbursement Form. ☐

For Office Use Only

Staff Initials: _____

Date/Time Received _____



PROFESSIONAL SERVICES REIMBURSEMENT AGREEMENT

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PROPERTY INFORMATION

☐

Property Address: _____ Tax Key: PWV _____

Property Owner's Name: _____ Phone Number: _____

RESPONSIBLE PARTY INFORMATION - All invoices will be mailed to this address.

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Business Name: _____ FEIN: _____

Person Responsible for Payment / Business Contact Name: _____

Mailing Address: _____

Responsible Party / Contact Phone Number: _____

Responsible Party / Contact Email Address: _____

AGREEMENT / SIGNATURES - Property Owner signature is required.

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Pursuant to the Village of Pewaukee [Code of Ordinances Sec 40.116\(b\)](#), the Village Board has determined that whenever the services of the Village Attorney, Village Engineer, Village Planner, or any other of the Village's professional staff or other expert consultants are retained by the Village in order to complete a proper project review 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 Treasurer shall charge those service fees incurred by the Village to the applicant/property owner. Also, be advised that pursuant to the Village of Pewaukee Code of Ordinances, certain other fees, costs, and charges are the responsibility of the property owner or responsible party.

By signing this form, I, the undersigned, have been advised that pursuant to the Village of Pewaukee Code of Ordinances, if the Village Attorney, Village Engineer, Village Planner, or any other Village professional staff or other expert consultants retained by the Village in order to complete a proper project review provides services to the Village because of my activities, whether at my request or at the request of the Village, I shall be responsible for the fees incurred. In addition, I have been advised that pursuant to the Village of Pewaukee Code of Ordinances, certain other fees, costs, and charges are my responsibility.

The Village will place fees from unpaid invoices on the real estate tax bill of the property that corresponds to the incurred services.

Property Owner Signature: _____ Printed Name: _____ Date: _____

Applicant Signature: _____ Printed Name: _____ Date: _____

For Office Use Only

Staff Initials: _____

Date Received: _____