

Town of Kinnickinnic

1271 County Road "J"
River Falls, WI 54022

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fax 715-425-0321
kinnitownhall@presenter.com

LAND DEVELOPMENT APPLICATION TOWN OF KINNICKINNIC

Applicant _____

Home Phone _____

Address _____

Work Phone _____

Cell Phone _____

Property Owner _____

Home Phone _____

Address _____

Work Phone _____

Cell Phone _____

Parcel ID # _____

Request For: Zoning District Change Conditional Use/Special Exception
 Site/Architectural Review Land Division
 Variance Waiver
 Administrative Appeal (Text Change) Other

Status of Applicant () Owner () Agent () Buyer () Other _____

Project Name _____ Existing Zoning _____ Proposed Zoning _____

Proposed Use _____ Acreage _____

Location _____

Legal Description _____

The undersigned certifies that they are familiar with State, County and local codes and procedures pertaining to this application. The undersigned further hereby certifies that the information contained in this application is true and correct to the best of their knowledge and belief.

Signature of Applicant _____ Date _____

<input type="checkbox"/> Zoning District Change	\$ _____	(Per Fee Schedule)
<input type="checkbox"/> Variance	\$ _____	(Per Fee Schedule)
<input type="checkbox"/> Land Division	\$ _____	(Per Fee Schedule)
<input type="checkbox"/> Conditional Use/Special Exception	\$ _____	(Per Fee Schedule)
<input type="checkbox"/> Administrative Appeal (Text Change)	\$ _____	(Per Fee Schedule)
<input type="checkbox"/> Waiver	\$ _____	(Per Fee Schedule)
<input type="checkbox"/> DZA submittal meeting	\$ _____	(Per Fee Schedule)
<input type="checkbox"/> Plan Commission meeting	\$ _____	(Per Fee Schedule)
<input type="checkbox"/> Other	\$ _____	

TOTAL FEES: \$ _____

Application Received By _____ Date _____