



## Zoning Change Application

Date: \_\_\_\_\_ Ald. District: \_\_\_\_\_

Property Address(es): \_\_\_\_\_  
\_\_\_\_\_

Current Zoning: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

Reason for zoning change request:

Owner(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner(s)' Representative / Buyer(s) / Other Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Project: \_\_\_\_\_

### APPLICATION FEE: \$1,500

Instructions on how to pay these fees electronically will be emailed after this application and affidavit have been emailed to [PlanAdmin@milwaukee.gov](mailto:PlanAdmin@milwaukee.gov). These fees are non-refundable.

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Signature

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Date

Email completed application and affidavit to: [PlanAdmin@milwaukee.gov](mailto:PlanAdmin@milwaukee.gov); 414.286.5726;  
<https://city.milwaukee.gov/DCD/Planning/PlanningAdministration>