



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. These fees are non-refundable.

Signature

Date

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