



Establishment of a Zoning Overlay

Date: _____ Ald. District: _____

Property Address(es): _____

General description of location:

Overlay Type:

- Development Incentive Zone (DIZ) Site Plan Review Overlay Zone (SPROZ)
- Neighborhood Conservation Overlay Zone (NC) Master Sign Program Overlay Zone (MSP)
- Interim Study Overlay Zone (IS)

Purpose of the overlay:

Owner(s):

Name: _____

Address: _____

Telephone: _____ Email: _____

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

Name: _____

Address: _____

Telephone: _____ Email: _____

Relationship to Project: _____

APPLICATION FEE: \$2,500

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 exhibits to: PlanAdmin@milwaukee.gov; 414.286.5726;
<https://city.milwaukee.gov/DCD/Planning/PlanningAdministration>