

**CITY OF JUNEAU  
SPECIAL ZONING REQUEST FORM**

Date: \_\_\_\_\_ Case No. \_\_\_\_\_

Fee: \$750.00 Check# \_\_\_\_\_ Receipt# \_\_\_\_\_

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

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

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

**PLEASE INDICATE WHICH REQUEST IS BEING MADE**

_____ Rezoning	_____ Special Use Permit
_____ PDD Project Approval	_____ Appeal or Variance
_____ CH Project Plan Approval	_____ Conditional Use Permit
_____ Unclassified Use Permit	_____ Other: _____

Description of Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner/Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR OFFICAL USE ONLY**

Parcel No(s): _____	Current Zoning: _____
Informal Hearing: _____	Formal Hearing: _____
Notice Mailed: _____	Notice Published: _____

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Juneau Plan Commission Action	Board of Appeals Action	Common Council
_____ Approved	_____ Approved	_____ Approved
_____ Denied	_____ Denied	_____ Denied

Conditions (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return application to: City of Juneau PO Box 163 405 Jewel St, Juneau WI 53039  
Along with \$ \_\_\_\_\_