CITY OF RIVER FALLS
Plan Commission Review Application

Applicant's Name	Telephone No. Fax No.
Address	
Fee Owner	Telephone No. Fax No.
Address	

Request for:

☐ Zoning District Change
☐ Special Use Permit
☐ Subdivision/Certified Survey Map
☐ PUD General/Specific Implementation Plan
☐ Street Vacation
☐ Other _____

Area:

☐ City of River Falls (corporate limits)
☐ Town of River Falls (ETZ)
☐ Town of Clifton (ETZ)
☐ Town of Troy (ETZ)
☐ Town of Kinnickinnic (ETZ)

Status of Applicant

☐ Owner ☐ Agent ☐ Buyer ☐ Other:

Present Zoning	**Zoning Requested**
Uses Proposed	**Acreage(s)**

Location

Legal Description (Attach legal if needed)	

The undersigned applicant or representative, thereof, certifies that he/she is familiar with the State and local code applicable to this request, the procedural requirements of the City, and All other application City ordinances.

Signature of Applicant/Representative: (print) _____ (signed) _____	Date _____
Application received by:	Date

Fees:

Zoning District Change $ _____
Special Use Permit $ _____
Subdivision/Certified Survey Map $ _____
PUD General/Specific Implementation Plan $ _____
Street Vacation $ _____
Other $ _____

Application to be considered by the City Plan Commission at their meeting of _____.