



Village of Pardeeville

114 Lake Street
Pardeeville, WI 53954
1-608-429-3121
FAX 1-608-429-3714

ZONING APPLICATION – LOT COMBINATION/DIVISION REQUEST

APPLICANT NAME(s): _____

APPLICANT ADDRESS: _____

TELEPHONE No. _____ DATE: _____

SITE OWNER, IF DIFFERENT FROM APPLICANT(s): _____

ADDRESS OF SITE OWNER(s): _____

TELEPHONE No. _____

Current Zoning: _____

ADDITIONAL REQUIREMENTS:

1. Certified Survey Map prepared by a registered land surveyor showing all the information as required by Section 58-11 for a Zoning Permit.

DESCRIPTION OF LOTS TO BE COMBINED/SPLIT:

Legal Description: _____

Address: _____

List of property addresses within 200 ft. (must be notified of lot combination requests, Village Staff will send notice):

I, hereby, certify that the information provided is true and correct.

Date Applicant: _____
 Applicant: _____
 Applicant: _____

Planning Commission Hearing Date: _____ Village Board Mtg Date: _____

Approved Date: _____

Signature of Village Clerk