



CITY OF RICHLAND CENTER
LAND SPLIT REQUEST

Petitioner Information

Owner:			Date	
Name			Phone #	
Address		City	State & Zip	

If you wish to appoint an agent to speak at the hearing, please complete the following:

Name			Phone #	
Address		City	State & Zip	

Property Information

Parcel No(s). _____

Approximate Street Address _____

Location (Gov. Lot ____ or ____ ¼, ____ ¼), Section _____, T____N, R____E,

City or Town of _____ Subdivision (CSM - Vol. & Page _____, Lot _____)



CITY OF RICHLAND CENTER

LAND SPLIT REQUEST

City

Extraterritorial Zoning (ETZ)

Land Split Request Information

Please Check one box from each column

Current Zoning	Proposed Zoning if it will be different from current:
<input type="checkbox"/> Single Family Residential (R-1) <input type="checkbox"/> Multiple Family Residential (R-2) <input type="checkbox"/> Multiple Family Residential (R-3-4) <input type="checkbox"/> Multiple Family Residential (R-5) <input type="checkbox"/> Residential Office (R-O) <input type="checkbox"/> Residential Agriculture (R-A) <input type="checkbox"/> Commercial General (C-G) <input type="checkbox"/> Commercial Downtown (C-DT) <input type="checkbox"/> Industrial (IND) <input type="checkbox"/> Industrial Park (I-P) <input type="checkbox"/> Mobile Home Park (MHP) <input type="checkbox"/> Other _____	<input type="checkbox"/> Single Family Residential (R-1) <input type="checkbox"/> Multiple Family Residential (R-2) <input type="checkbox"/> Multiple Family Residential (R-3-4) <input type="checkbox"/> Multiple Family Residential (R-5) <input type="checkbox"/> Residential Office (R-O) <input type="checkbox"/> Residential Agriculture (R-A) <input type="checkbox"/> Commercial General (C-G) <input type="checkbox"/> Commercial Downtown (C-DT) <input type="checkbox"/> Industrial (IND) <input type="checkbox"/> Industrial Park (I-P) <input type="checkbox"/> Mobile Home Park (MHP) <input type="checkbox"/> Other _____