Request for:
ZONING VERIFICATION LETTER

505 Third Street • Hudson, WI 54016 • (715)386-4776 www.hudsonwi.gov

REQUESTOR INFORMATION	
Requestor Name:	
Phone:	Email:
Address, City, State, Zip:	
Property/Building Owner:	
How and to whom should the letter be returned:	

SUBJECT PROPERTY INFORMATION
Address:
Property Identification Number(s) (PINs):
Subject property existing use(s):
Subject property proposed use(s):

REQUESTED INFORMATION

This application is to request the following information regarding building, zoning, and land use regulations of said subject property:

- ☐ Current Zoning District
- ☐ Adjacent Zoning Districts
- ☐ Outstanding Zoning Violations
- ☐ Conforming/Non-conforming Status
- ☐ Special Permits (Variance, Conditional Use Permits, Certificates of Compliance etc…)
- ☐ Floodplain Status
- ☐ Special Districts (Tax Incremental District, St. Croix Riverway, Downtown Overlay District, etc…)
- ☐ Other (Please Specify): _____

Please return the completed request and payment fee of **$50.00 per lot** to the Community Development Department. Please make checks payable to "City of Hudson". **Please allow up to 10 business days for the preparation of the requested Zoning Verification Letter.**

The undersigned hereby certifies that all information submitted with this application is complete and accurate to the best of their knowledge. In addition, the undersigned herby understands that the information provided by the City of Hudson, Wisconsin is compiled to the best of our knowledge with the information that is available and in no way shall be made liable for inaccurate or undetected information.

Requestor Signature:_____ Date:_____

☐ Agent ☐ Property Owner ☐ 3rd Party