



CITY OF GLENDALE  
COMMUNITY DEVELOPMENT DEPARTMENT  
5909 NORTH MILWAUKEE RIVER PARKWAY  
GLENDALE, WISCONSIN 53209-3815  
PHONE: (414) 228-1704 or (414) 228-1770  
[www.glendale-wi.org](http://www.glendale-wi.org)

## ZONING REVIEW APPLICATION

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

Name of Business Owner (if different from Applicant): \_\_\_\_\_

Applicant Address (City, State, and Zip Code): \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant E-Mail: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PROPERTY INFORMATION

Property Address: \_\_\_\_\_ Tax Key Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Property Owner (if different from Applicant): \_\_\_\_\_

Property Owner Address (City, State, and Zip Code): \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner E-Mail: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Plan Submissions

*Each zoning review may require a variety of plans and supporting documents. Since each application is unique, please contact the Director of Community Development John Fellows at [J.Fellows@GlendaleWI.gov](mailto:J.Fellows@GlendaleWI.gov) for specific submission requirements.*

### Electronic Submission

*The City of Glendale is not accepting paper document submittals. Review Submittals are required to be submitted via email to Director of Community Development John Fellows at [J.Fellows@GlendaleWI.gov](mailto:J.Fellows@GlendaleWI.gov) with PDF documents attached or as a web link to the PDF documents. Fee remittals may be delivered to Glendale City Hall, deposited in the drop box in front of City Hall, or mailed to:*

*City of Glendale, WI  
Attn: Community Development Department  
5909 North Milwaukee River Parkway  
Glendale, WI 53209-3815*

### CITY OF GLENDALE USE ONLY

Application Fee: \_\_\_\_\_ Date of Application: \_\_\_\_\_ Time: \_\_\_\_\_ Received by with date: \_\_\_\_\_ Tentative Hearing Date: \_\_\_\_\_

**PROPOSAL INFORMATION**

Type of review being requested: \_\_\_\_\_

Name of Business and Type of Business/Use (Please be specific): \_\_\_\_\_

Total Building Area: \_\_\_\_\_ To Be Occupied Area: \_\_\_\_\_

Lot Size: Depth: \_\_\_\_\_ Width: \_\_\_\_\_ Area: \_\_\_\_\_

Previous Occupant in To Be Occupied Space: \_\_\_\_\_

Other Uses of This Site: \_\_\_\_\_

Total Number of Parking Spaces: \_\_\_\_\_ Parking Spaces Available to Tenancy: \_\_\_\_\_

Business Hours (Days and Hours of Operation): \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Maximum Number of Employees at Site at One Time: \_\_\_\_\_

Primary Contact Person for This Project: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact E-Mail: \_\_\_\_\_

(Please refer to Page 3 for Plan of Operation outline)