

Date Filed \_\_\_\_\_  
 Amount Paid \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Application # \_\_\_\_\_

**Town of Grand Rapids  
 Wood County, WI  
Application for Re-zoning and  
 Comprehensive Plan  
 Map and/or Text Amendment**



Revised 11/07/2012

Fee: \$75.00 Regular Meeting / \$300.00 Special Meeting

A comprehensive plan map amendment is a change or revision to a land use map designation assigned to a specific property (or properties). Applications for plan map/text amendments and the re-zoning are both accomplished with this form. Applicable fee **must be submitted with the application and is not refundable**. Applicant will be notified of the date and place of meetings and the public hearing for this proposed amendment/zoning change and it is mandatory that applicants and owners attend all meetings and public hearings related to the amendment/zoning request.

**1. Applicant Information**

Applicant \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax \_\_\_\_\_

**2. Owner Information** (If different than applicant)

Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax \_\_\_\_\_

**3. Correspondence Address:** (This is the address to which all agendas, letters and other materials will be forwarded.)

Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax \_\_\_\_\_

4. Applicant is (Check one): Owner ( ) Agent ( ) Other ( ) \_\_\_\_\_  
 (If Applicant is not the owner, provide letter of Authorization from All Property Owners) (Specify)

5. The present Owner acquired legal title to the subject property on \_\_\_\_\_  
 (Date)

6. Property location & address: \_\_\_\_\_  
 \_\_\_\_\_

7. Parcel I.D. Number/s: \_\_\_\_\_

8. Parcel Size/Dimension: (Square feet/Acres) \_\_\_\_\_

9. Existing Use of Property: \_\_\_\_\_
10. Existing Future Land Use of Property (Future Land Use Map Designation): \_\_\_\_\_
11. Proposed Future Land Use (by Applicant): \_\_\_\_\_
12. Existing Zoning: \_\_\_\_\_
13. Proposed Zoning change (if Applicable): \_\_\_\_\_
14. Surrounding Future Land Use/Zoning Classification/Existing Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. On a separate sheet of paper, please thoroughly address the following:
- a. Why the comprehensive plan map amendment/zoning change is being proposed.
  - b. Justification and support for the proposed map amendment/zoning change. Examples might include a discussion of changes that have occurred in the area of the proposed plan map amendment since the comprehensive plan's adoption, consistency of the proposed amendment with the adopted comprehensive plan and/or how the proposed change will benefit the community.
16. Please attach (preferably on 8.5"X11" or 11"X17" paper) the following:
- a. A vicinity map
  - b. An accurate map showing the specific parcels subject to the amendment request; and,
  - c. Any additional information that you believe supports your request.

I hereby depose and say that all the above statements and all accompanying statements and drawings are correct and true.

\_\_\_\_\_  
Signature of Applicant

**Applicant attendance at this hearing is mandatory!**

**For Staff Use Only**

Date Filed: \_\_\_\_\_

Application #: \_\_\_\_\_

Reviewed by Town Zoning Staff

Date: \_\_\_\_\_

Forwarded to the Town Plan Commission

Date: \_\_\_\_\_

Date of Public Hearing with the Town Board: \_\_\_\_\_

Recommendation of the Town Plan Commission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan Commission Date of meeting: \_\_\_\_\_

**NOTE: This is only a recommendation. Requires adoption of ordinance by Town Board to become effective.**

30-Day Public Review Period Began on: \_\_\_\_\_

Forwarded to the Town Board on: \_\_\_\_\_

Date of Plan Amendment/Zoning Change Public Hearing: \_\_\_\_\_

Ordinance #: \_\_\_\_\_

Ordinance Approved: \_\_\_\_\_

Ordinance Published: \_\_\_\_\_

Sent to Statutory Distribution List: \_\_\_\_\_

Map Amendment: (Adopted / Denied)

Town

\_\_\_\_\_

Chairman