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 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