

TOWN OF LYNDON ZONING CHANGE / MAP AMENDMENT APPLICATION

Applicant:..... Daytime Phone:.....

Address:..... Home Phone:.....

City:..... State:..... Zip:.....

Interest in property (Owner, broker, etc.).....

Existing Zoning District: ... A-1 ... A-2 ... R-1 ... R-2 ... B-1

Proposed Zoning District ... A-1 ... A-2 ... R-1 ... R-2 ... R-3 ... B-1 ... M-1

Reason for zoning change:

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.....
.....

Describe Changes to existing and new structures or land

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.....

Legal description and parcel number of property to be rezoned.....

Attach a map of property in question preferably, a C.S.M. or the equivalent. Plot plan or survey plat property to be rezoned (show location, dimensions, zoning of adjacent properties, existing uses and buildings of adjacent properties-drawn to scale).

Additional information as may be requested by the Plan Commission.....

Property owners within 500 feet of the exterior perimeter of the said proposed

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..... (Town clerk will handle this)

Filing Fee of \$250 must be included with the application Mail to: Town of Lyndon Plan Commission, W 3080 Mitchell Road, Lyndon Station, WI 53944

I certify that the above information is true and correct to the best of my knowledge and that all work will be completed in accordance with the state building code.

SIGNATURE:..... DATE:

Type or print name:.....

For administrative use only

Date application received:

Date property owners within 500 feet of the exterior perimeter were notified:

Dates legal notices were published:

Public Hearing date:

Vote:

Date of Vote:

.....
Plan Commission Chair

Attest:.....

9/04