

TOWN OF LYNDON ZONING CHANGE / MAP AMENDMENT APPLICATION

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

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:

Describe Changes to existing and new structures or land

Legal description and parcel number of property to be zoned

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

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

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