

TOWN OF LYNDON ZONING CHANGE/MAP AMENDMENT APPLICATION

Please remit with fee to: Town of Lyndon, W3080 Mitchell Rd, Lyndon Station WI 53944

Applicant _____ Phone _____

Address: _____

Email _____

Interest in property (owner, broker, etc.) _____

Existing zoning district _____

Proposed zoning district _____

Reason for zoning change _____

Describe changes to existing and new structures or land _____

Parcel number _____ Physical address: _____

Legal Description: _____

Attach a map of property (show location, dimensions, zoning of adjacent properties, existing uses and buildings of adjacent properties draw to scale)

I the undersigned certify that the above information is true and correct to the best of my knowledge

Signature _____ Date _____

For administrative use only

Date of application received _____ Date property owners w/in 500' notified _____

Dates legal notices were published _____ Public hearing date _____

Vote _____ Date of Vote _____

Plan Commission Chair Attest