



**APPLICATION FOR COMPREHENSIVE LAND USE
MAP AMENDMENT**

Community Development Department
 100 N. Appleton St. PH: 920-832-6468
 Appleton, WI 54911 FAX: 920-832-5994

Stamp date received

PROPERTY OWNER		APPLICANT (owner's agent)	
Name		Name	
Mailing Address		Mailing Address	
Phone	Fax	Phone	Fax
E-mail		E-mail	

PROPERTY INFORMATION	
Property Tax # (31-0-0000-00)	
Site Address/Location	
Legal Description of Land (may be attached as separate sheet) *Please submit an electronic copy of the legal description on a disk in Microsoft Word format.	
Current Land Use Designation	Proposed Land Use Designation
Current Zoning	Proposed Zoning
Current Uses	Proposed Uses

PLEASE STATE REASON(S) FOR COMPREHENSIVE LAND USE MAP AMENDMENT REQUEST
*Please attach a location map of the property or portion of the property in question and documents and facts to support the request.

Date	Owner/Agent Signature (Agents must provide written proof of authorization)

OFFICE USE ONLY	
FILE # _____	Application Complete _____ / ____ / ____ Date Filed ____ / ____ / ____