



APPLICATION FOR TRADITIONAL NEIGHBORHOOD DEVELOPMENT (TND) 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 including to the center line of right of way(s) (may be attached as separate sheet) *Please submit an electronic copy of the legal description on a disk in Microsoft Word format. | |
| Current Zoning: | |
| Current Uses: | Proposed Uses: |
| Lot Dimensions and Area: | |

| PLEASE STATE THE REASON(S) FOR THE TND AMENDMENT REQUEST |
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| | |
| Date | Owner/Agent Signature (Agents must provide written proof of authorization) |

| OFFICE USE ONLY | | | |
|----------------------------|------------------|------------------|-----------------|
| Application Complete _____ | ____/____/____ | Date Filed _____ | ____/____/____ |
| Fee \$150.00 | Acct #15020.5002 | Receipt # _____ | Date Paid _____ |