



**APPLICATION FOR  
PLANNED DEVELOPMENT MINOR 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		Phone	
E-mail		E-mail	

PROPERTY INFORMATION
Property Tax # (31-0-0000-00)
Site Address/Location:
Implementation Plan Document Number (Assigned by County Register of Deeds office):
Planned Development Rezoning Number (Assigned by City of Appleton):
Planned Development Zoning District Classification:

PLEASE PROVIDE A WRITTEN DESCRIPTION OF THE PLANNED DEVELOPMENT MINOR AMENDMENT REQUEST

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

OFFICE USE ONLY	
Application Complete _____	____/____/____ Date Filed ____/____/____
Fee \$0	

## **WHERE DO I START?**

Contact the Community Development Department to discuss if the alterations are considered a Minor Amendment to the Planned Development. The staff will provide this determination as well as information regarding whether the existing Implementation Plan Document can be amended or a new Implementation Plan Document/PD Rezoning is required.

## **WHAT'S NEXT?**

Minor Amendments shall have a written description of the request submitted to the Community Development Department for review.

## **WHAT IS THE FINAL ACTION?**

Minor Amendments are approved by the Community Development Director.