



**APPLICATION FOR COMPREHENSIVE PLAN
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 FOR LAND USE MAP AMENDMENT	
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 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 OR TEXT AMENDMENT
<p>*Please attach a location map of the property or portion of the property in question and documents and facts to support the request and/ or *Please attach the proposed text to be deleted and proposed and facts to support the request.</p>

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

OFFICE USE ONLY	
FILE # _____ Application Complete _____ / ____ / ____	Date Filed ____ / ____ / ____
Fee \$600.00 Acct #PWZNIG Receipt # _____	Date Paid ____ / ____ / ____ Date Filed ____ / ____ / ____