



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	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):
TND Rezoning Number (Assigned by City of Appleton):
TND Zoning District Classification:

PLEASE STATE THE REASON(S) FOR THE TND AMENDMENT REQUEST

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

OFFICE USE ONLY			
FILE # _____	Application Complete _____	____/____/____	Date Filed ____/____/____
Fee \$150.00	Acct #PWZNIG	Receipt # _____	Date Paid ____/____/____