

DATE RECEIVED \_\_\_\_\_

ZONING COMMISSION HEARING DATE:  
 \_\_\_\_\_ ( ) GRANT ( ) DENY

TOWN BOARD HEARING DATE:  
 \_\_\_\_\_ ( ) GRANT ( ) DENY

**TOWN OF SIGEL  
 WOOD COUNTY WI  
APPLICATION FOR RE-ZONING AND  
 COMPREHENSIVE PLAN  
 MAP AND/OR TEXT AMENDMENT**

**FEE: 150.00 FOR SPECIAL MEETING**

A comprehensive plan map amendment is a change or revision to a land use map designation assigned to a specific property (or properties). Applications for plan map/text amendments and the re-zoning are both accomplished with this form. Application fee must be submitted with the application and is not refundable. Applicant will be notified of the date and place of the meetings and the public hearing for this proposed amendment/zoning change and it is mandatory that applicants and owners attend all meetings and public hearings related to the amendment/zoning request.

**1. Applicant Information**

Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

**2. Owner Information (If different than applicant)**

Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

**3. Correspondence Address (This is the address to which all agendas, Letters and other materials will be forwarded)**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

**4. Applicant is (Check One) OWNER( ) AGENT ( ) OTHER ( ) \_\_\_\_\_  
 (If Applicant is not the owner, provide a letter of Authorization from ALL Property Owners)**

**5. The present Owner acquired legal title to the subject property on \_\_\_\_\_  
 (Date)**

**6. Property Location & Address \_\_\_\_\_**

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7. Parcel I.D. Number is \_\_\_\_\_

8. Parcel Size/Dimension (Square Feet/Acres) \_\_\_\_\_

9. Existing Use of Property \_\_\_\_\_

10. Existing Future Land Use of Property (Future Land Use Map Designation) \_\_\_\_\_

11. Proposed Future Land Use (by Applicant) \_\_\_\_\_

12. Existing Zoning \_\_\_\_\_

13 Proposed Zoning Change (If Applicable) \_\_\_\_\_

14. Surrounding Future Land Use/Zoning Classification/Existing Use \_\_\_\_\_

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15. On a separate sheet of paper, please thoroughly address the following:

- a. Why the comprehensive plan map amendment/zoning change is being proposed.
- b. Justification and support for the proposed map amendment/zoning change. Examples might include a discussion of changes that have occurred in the area of the proposed plan map amendment since the comprehensive plan's adoption, consistency of the proposed amendment with the adopted comprehensive plan and/or how the proposed change will benefit the community.

16. Please attach (preferable on 8.5"x11" or 11"x17" paper) the following:

- a. A vicinity map
- b. An accurate map showing the specific parcels subject to the amendment request;
- c. Any additional information that you believe supports your request.
- d. Include list names and addresses of landowners within 1000 feet of proposed zoning change.

I hereby depose and say that all the above statements and all accompanying statements and drawings are correct and true.

\_\_\_\_\_  
(Signature of Applicant)

**APPLICANT ATTENDANCE AT THIS HEARING IS MANDATORY!**

Send Fee with completed application to: Town of Sigel, 6403 County Rd S, Rudolph WI 54475