TOWN OF WRIGHTSTOWN - ZONING AMENDMENT REQUEST

(Planning Commission or Designated Agent)

Zoning Amendment Requests are $530 for initial lot plus $25 per any additional lot. Please make check payable to **Town of Wrightstown or Village of Greenleaf (where property is located).** Complete form and mail to Shawn DeCleene, Zoning Administrator, 6972 CTH PP, Greenleaf WI 54126.

Fee $ _____ Ck#_____ Date Rec'd _____ Request No _____

LAND OWNER: _____ AGENT (If any): _____

Name _____ _____

Address _____ _____

_____ _____

Phone: _____ _____

REQUESTED CHANGE: (State briefly what is being requested and why)

_____

_____

_____

PROPERTY LOCATION AND DESCRIPTION

W- _____1/4, _____1/4, SEC ____, T _____N,_____R ____E

Area: _____Acres(s) Briefly describe location of property in Town (Road name, landmarks, neighbors, etc.) _____

_____

_____

If you believe a simple drawing would assist the Planning Commission, please attach such a drawing.

I hereby certify that:

_____I am the owner of parcel W-

_____I am acting as the agent for the owner of parcel W-_____in accordance with the provisions of the Town of Wrightstown Zoning Administration.

_____ _____

Land Owner Agent