



Office of the Zoning Administrator

3680 STH 60

Slinger, WI 53086

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APPLICATION to AMEND COMPREHENSIVE PLAN FUTURE LAND USE MAP

*This Application **must be completed in full**. The Town of Polk **cannot accept** an incomplete Application Form or an Application Packet lacking all required information.*

Contact Information:

Property Owner: _____

Address: _____

Phone: _____ Email: _____

Applicant (if different from Property Owner): _____

Address: _____

Phone: _____ Email: _____

Property Description:

Address: _____ Parcel ID: _____

Current Zoning: _____ Lot Size: _____ Lot Width: _____

(If additional parcels, please attach as separate sheet)

Current Use of Property: _____

Proposed Use of Property: _____

Comprehensive Plan:

Current Land Use Category of Property (as shown on Future Land Use Map):

Requested Land Use Category of Property (as shown on Future Land Use Map):

Describe how the proposed amendment is consistent with the visions, goals, objectives and policies, of the comprehensive plan:

Describe how the proposed amendment will benefit the Town of Polk:

Signature and Certification:

I certify the information presented on this Application and the drawings, plans, and other materials included therein are, to the best of my knowledge, complete and in accordance with the Zoning Ordinance.

Applicant Signature: _____ Date: _____

Application Fee:

The Application Fee for a Zoning Change is **\$500.00**. The Application cannot be accepted until the Application Fee has been paid.