

Town of West Bend
Washington County, Wisconsin
APPLICATION for TEXT AMENDMENT

OFFICE USE: # _____

Name of Applicant: _____

Address: _____

Phone: _____ Email: _____

Name of Agent (if different from Applicant): _____

Address: _____

Phone: _____ Email: _____

Text Amendment(s):

Specific section(s) of zoning ordinance to be amended: _____

Specific text amendment(s) proposed (attach as separate document if necessary): _____

Explanation of and justification for proposed text amendment(s) (attach as separate document if necessary):

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Describe how proposed text amendment(s) is consistent with Town of West Bend Comprehensive Plan (attach as separate document if necessary):

Additional Comments: _____

Application Fee:

(\$500.00)

Check Number: _____

Submittal: Please provide 9 copies of the Application and submittal attachments. An additional electronic copy of the submittal is appreciated.

Affidavit of Understanding

Please read and indicate you understand this affidavit by entering your initials in each of the boxes below.

☐

I understand staff, the Plan Commission, the Town Board, and/or other duly designated representatives of the Town of West Bend may request additional information to properly evaluate this application. I further understand failure to provide such information may be sufficient to justify denial of the requested text amendment(s).

☐

I understand the Town is not obligated to approve my application nor amend the zoning ordinance as requested regardless of the justification and/or information provided in support of the proposed text amendment(s).

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Signatures:

Applicant: _____ Date: _____

Zoning Administrator: _____ Date: _____

Professional Services Fee:

When the services of outside legal, planning, engineering, or other technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such fees incurred by the Town to the property owner even if the request is not approved.

I understand and agree that I shall be responsible for any professional services fees incurred by the Town even if my request is not approved.

Applicant: _____ Date: _____