

TOWN OF LANARK
Plan Commission Review Request Form

Date	Parcel No.
Property Owner	Section
Mailing Address	Parcel Address
	No. of Acres
Surveyor (if applicable)	Current Zoning
Name	
Address	

If the requestor is not the property owner, please write your name, address, and interest in this request here:

DESCRIPTION OF REQUEST:

This request must be received by the Plan Commission Secretary no later than the Friday before the Monthly Plan Commission Meeting (regular meetings are held the first Thursday of the month at 10:00 a.m. at the Lanark Town Hall.

Requests will only be reviewed with the approval of the legal owner of the parcel(s) in question.

There is no fee for bringing forth requests to the Plan Commission for a regularly scheduled meeting. Meetings requested other than the regularly monthly meeting may require payment of the per diems of the staff of the plan commission who attend a special meeting you request. The Plan Commission Chairperson will make the determination on whether payment is required for a special meeting.

Include a map or drawing of the property showing the requested changes. This must be accompanied with this form along with a written description of what is being requested.

While not necessary it is recommended that the owner, buyer, agent, or someone familiar with the request be present at the Plan Commission meeting in the event questions arise.

The Town of Lanark Plan Commission is an advisory board. The Commission will review your request and make a recommendation to the Town Board of the Town of Lanark who will then approve or deny the request as appropriate. Most requests will then need to be reviewed at the County level.

Return both pages of this completed form to: Kim Beaudoin, Plan Commission Secretary, 7174 County Road TT, Amherst WI 54406 clerk@tn.lanark.wi.gov

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Legal Owner (as it appears on deed) _____

Address of legal owner _____

Phone of legal owner _____

Email of legal owner _____

I acknowledge that I am the legal owner of parcel(s) in the Town of Lanark being considered in this request for review.

Signature

Print name

Date

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