

Town of Lyndon
Zoning Change/Map Amendment Application to Town of Lyndon Plan Commission

Filing Fee \$275

Date: _____

Name: _____ Address: _____

Phone: _____ Email: _____

Legal description: _____

Property address: _____ Parcel number 29024 _____

Interest in property (owner, broker, etc) _____

Current Zoning district _____ Proposed Zoning district _____

Reason for Zoning Change _____

Describe Changes to existing and new structures or land _____

Attach a map of your property preferably a C.S.M. or the equivalent. Plot plan or survey plat property to be rezoned (show location, dimensions, zoning of adjacent properties, existing uses and building of adjacent properties-drawn to scale)

I certify that the information I have provided in this application is true and accurate

Signed: _____ Date: _____

Remit with fee to Denise J. Giebel, W3080 Mitchell Rd, Lyndon Station WI 53944

For administrative use only

Date application received:

Date property owners within 500 feet of exterior perimeter were notified:

Dates legal notices were published:

Public Hearing date:

Vote:

Date of Vote:

Plan Commission Chair

Attest: _____