



*"In the Spirit of Town Government"*

**TOWN OF BUCHANAN**  
**N178 COUNTY RD N, APPLETON, WI 54915**  
**Phone: (920) 734-8599 Fax: (920) 734-9733**

**APPLICATION FOR: REZONING**

Application Date: \_\_\_\_\_

The Town Board may amend the regulations and requirements of the Town Zoning Code or change district boundaries when a petition for amendment is filed. A petition may be filed by any property owner in the area to be affected, by the Town Board or by any member of the Plan Commission. Procedures for amendments and rezoning shall be in accordance with Sec. 62.23(7), Wis. Stats.

A public hearing shall be scheduled by the Town Administrator/Clerk with the Town Plan Commission within 60 days of filing. A Class 2 Public Notice shall be completed by the Town and notice shall be provided to the Clerk of any contiguous municipality. A Town approved amendment or rezoning shall also be submitted to the Outagamie County Zoning Department and County Board for approval or denial.

**Applicant**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Owner**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Engineer/Surveyor** (if applicable)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Legal Description of Property:** \_\_\_\_\_

(Parcel No. or platted Subdivision Name with Lot No.)

**Current Zoning District:** \_\_\_\_\_

**Current Use of Property:** \_\_\_\_\_

**Proposed Zoning District:** \_\_\_\_\_

**Proposed Use of Property:** \_\_\_\_\_

This request is for a Rezoning/Amendment under the terms of Section § \_\_\_\_\_ of the Town of Buchanan Zoning Code.

**Submittal Requirements:**

- A plot plan, drawn to scale, showing the area involved, its location, dimensions and the location of any structures on the property and the location, if appropriate, of any structures within 300 feet of the property in question.
- A statement addressing any conditions set forth by the Zoning Code and reason for request.
- Description of consistency with Town of Buchanan Comprehensive Plan. If a request is not consistent, an amendment to the comprehensive plan may be required.
- Non-refundable fee paid per Buchanan Fees & Licenses Schedule.
- Completed application form.
- Total of eight (8) copies of application and attachments.

This is to certify that the information on this form is COMPLETE, TRUE, and CORRECT and the under signed is authorized to make this application. I understand that submitting this application does not constitute approval, and incomplete applications will result in delays and possible denial.

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Signature of Applicant

Date

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Signature of Owner

Date

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OFFICE USE ONLY

File No.: \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Town Board Meeting: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

County Board Meeting: \_\_\_\_\_