



*"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: COMPREHENSIVE PLAN AMENDMENT**

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

The Town Board may amend and update the Town of Buchanan Comprehensive Plan, including associated maps. An application for an amendment to the Comprehensive Plan may be made by any property owner. A petitioner requesting an amendment must submit an application on forms provided by the Town Administrator/Clerk. The Town Administrator/Clerk shall immediately refer the application to the Plan Commission for its consideration, report and recommendations. Procedures shall be in accordance with § 66.1001, Wis. Stats. An application shall be accompanied by the payment of a fee as contained in the Town of Buchanan Fees and Licenses Schedule.

A public hearing shall be scheduled by the Town Administrator with the Town Plan Commission within 60 days of filing. A Class I Public Notice shall be completed by the Town and notice shall be provided to the Clerk of any contiguous municipality. A Town approved amendment 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:** \_\_\_\_\_

**Submittal Requirements:**

- A series of individual statements addressing the following items:
  - o Reasons for the Proposed Amendment
  - o Explanation of how the proposed amendment is consistent with the vision, goals, objectives, policies, and program of the comprehensive plan
  - o Explanation of how the proposed amendment will benefit the Town.
  - o Description of the surrounding land uses and whether the proposed amendment is compatible with surrounding uses.
  - o Identify if public streets and other necessary public services are available, or planned to be available in the near future to support the proposed development.
- Non-refundable fee paid per Buchanan Fees & Licenses Schedule.
- Completed application form.
- Total of eight (8) copies of application and attachments along with one digital copy of each.

This is to certify that the information on this form is COMPLETE, TRUE, and CORRECT and the undersigned 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: \_\_\_\_\_