



Application For Zoning Amendment

General Information (please type or print clearly)

	Applicant/Agent	Owner
Name		
Address		
Phone #		
Fax #		

Property Information (Attach additional Sheets of necessary)

Address of Property in Question: _____ Lancaster, WI

Legal Description: _____

Present Zoning: _____

Requested Zoning: _____

Comprehensive Plan Designation: _____

Current Use of Property: _____

Proposed Use of Property: _____

Signatures

APPLICANT: _____ DATE: _____

APPLICANT: _____ DATE: _____

Office Use Only

Date of Application Filed: _____ Permit Number: _____

Fee Paid/Receipt #: _____

Permit Issued On (date/by whom): _____

Permit Denied for the following reasons: _____